



Dubai campus

CHANGE OF SESSION FORM

Registration Number: _____ Name: _____ Semester & Year: _____

Mobile Number: _____ Email Address: _____

Current Session: _____ Change to (Session): _____

Reason: _____

Student's Signature & Date

-----Do not write beyond this section-----

(For Official Use Only)

Previous Program Manager	Current Program Manager	Admissions Manager
Remarks: _____ _____ <div style="text-align: right;">_____ Signature and Date</div>	Remarks: _____ _____ <div style="text-align: right;">_____ Signature and Date</div>	Remarks: _____ New Reg. No: _____ <div style="text-align: right;">_____ Signature and Date</div>

Finance Officer	Academic Controller	Records Officer
Remarks: _____ _____ <div style="text-align: right;">_____ Signature and Date</div>	Remarks: _____ _____ <div style="text-align: right;">_____ Signature and Date</div>	Remarks: _____ _____ <div style="text-align: right;">_____ Signature and Date</div>

Note:

- Change of shift is not allowed after 2nd teaching week.
- Management is not responsible for the availability of full course load.

March 2, 2014