

CHANGE OF PROGRAM FORM

iic	Semester & Year:
Email Address:	
Change to (progra	m):
B	Student's Signature & Date
Do not write beyond this section	
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Current Program Manager	Admissions Manager
Remarks:	Remarks:
	New Reg. No:
Signature and Date	Signature and Date
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Academic Controller	Records Officer
Remarks:	Remarks:
Signature and Date	Signature and Date
	Email Address: Change to (programulation of the control of the con

Note:

- Course fee charged as per new program taken if approved.
 Change of program is not allowed after 2nd teaching week.