

Change of Course Form

Please ensure to fill this form correctly. Incorrect or incomplete forms will result in delays or rejections.

| | |
|---------------------|----------------------|
| Student ID: | Student Name: |
| Phone: | Email: |
| Course name: | |
| Address: | |

| Current Course Details /Campus Detail | |
|---------------------------------------|------------------|
| Course Name: | |
| Course Timetable: | Campus Location: |
| NEW Course Details /Campus Detail | |
| Course Name: | |
| Course Timetable: | Campus Location: |
| Reason for course change: | |
| Student Signature: _____ Date: _____ | |

| Office use only | | | |
|------------------------|--------------|--|--|
| Application | | <input type="checkbox"/> APPROVED | <input type="checkbox"/> REJECTED |
| Action Taken By | Name: | Signature: | Date: |
| Comments: | | | |

