

## Change of Course Form

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

<b>Student ID:</b>	<b>Student Name:</b>
<b>Phone:</b>	<b>Email:</b>
<b>Course name:</b>	
<b>Address:</b>	

### 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

APPROVED

REJECTED

Action Taken By

Name:

Signature:

Date:

Comments: