



**College of Business**  
Universiti Utara Malaysia

UUMCOB/PSU/P07

## APPLICATION TO CHANGE CENTRE OF STUDY

Trimester: First Trimester/Second Trimester/Third Trimester

Session: 20\_\_\_\_\_/20\_\_\_\_\_

### APPLICANT'S GENERAL INFORMATION

Name:	Matric No:
Telephone No. - Home: Office: Mobile No.:	Mailing Address:
Current CGPA:	Email:
Programme:	Mode of Study: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Current Study Centre:	New Study Centre:

Reasons for Change of Study Centre:  
(Please use additional paper if necessary)

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Applicant's Signature:	Date:
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### APPROVAL BY THE DIRECTOR OF POSTGRADUATE STUDIES UNIT, UUM COB

Approved                       Rejected

Signature & Stamp:

Name:

Date:

**FOR OFFICE USE ONLY**

Update Status

Signature & Stamp:

Name:

Date: