



## APPLICATION TO CHANGE STATUS OF STUDY

Trimester: First Trimester/Second Trimester/Third Trimester

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

### SECTION A: APPLICANT'S GENERAL INFORMATION

|       |            |
|-------|------------|
| Name: | Matric No: |
|-------|------------|

|                                          |                  |
|------------------------------------------|------------------|
| Telephone<br>Home:<br>Office:<br>Mobile: | Mailing Address: |
|------------------------------------------|------------------|

|            |        |
|------------|--------|
| Programme: | Email: |
|------------|--------|

|                                                                                                            |                                                                                                                       |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Current Mode of Study:<br><br><input type="checkbox"/> Full-Time<br><br><input type="checkbox"/> Part-Time | Centre:<br><br>New Mode of Study:<br><br><input type="checkbox"/> Full-Time<br><br><input type="checkbox"/> Part-Time |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

Reasons for Change of Status:

|                        |       |
|------------------------|-------|
| Applicant's Signature: | Date: |
|------------------------|-------|

### APPROVAL BY DIRECTOR OF POSTGRADUATE STUDIES UNIT , UUM COB

Approved                       Rejected

Signature & Stamp:

Name:

Date:

**FOR OFFICE USE ONLY**

Update status

Signature & Stamp:

Name:

Date: