

 <b style="font-size: 2em; margin-left: 10px;">UTM</b> <small>UNIVERSITI TEKNOLOGI MALAYSIA</small>	<b>ACADEMIC MANAGEMENT DIVISION OFFICE OF THE DEPUTY VICE-CHANCELLOR (ACADEMIC &amp; INTERNATIONAL)</b>	Form No. : AMD/PG/10 Edition : <b>3</b> Effective Date : 1/9/2018 Page (s) : 2
	<b>APPLICATION FOR CHANGE OF PROGRAMME &amp; TYPE OF STUDY (INTERNATIONAL STUDENT)</b>	

**SECTION I (TO BE COMPLETED BY STUDENT)**

Full Name :

ISID Number :

*Please tick (✓) in the appropriate box:*

**1. CHANGE OF PROGRAMME**

Application can be made after first semester of study and only once during the duration of study

**2. TYPE OF STUDY**

Application can be made only once during the duration of study

PROGRAMME DETAILS	CURRENT PROGRAMME	NEW PROGRAMME
<b>Faculty/ School</b>		
<b>Programme Name</b>		
<b>Programme Code</b>		
<b>Type of Implementation</b>		
<b>Type of Study</b>	<input type="checkbox"/> Taught Course	<input type="checkbox"/> Taught Course
	<input type="checkbox"/> Taught Course and Research	<input type="checkbox"/> Taught Course and Research
	<input type="checkbox"/> Research	<input type="checkbox"/> Research
<b>Location</b>		
<b>Matric No.</b>		

**Reason/Justification :** \_\_\_\_\_  
 \_\_\_\_\_

**Correspondence Address :** \_\_\_\_\_  
 \_\_\_\_\_

Student's Signature : \_\_\_\_\_ Date : \_\_\_\_\_

\*Please submit complete form with supporting documents (eg. Research Proposal) to the Academic Management Division.

**SECTION II (FOR UTM INTERNATIONAL OFFICE USE)**

For International students who wish to apply for change of programme or type of study, must get the approval for a new pass and visa from MID before permission for variation or progression is allowed by UTM.

Approved  Not Approved

UTM International Officer signature & Stamp:

Signature : \_\_\_\_\_ Date : \_\_\_\_\_



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OFFICE OF THE DEPUTY VICE-CHANCELLOR  
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TYPE OF STUDY  
(INTERNATIONAL STUDENT)**

**SECTION III (TO BE COMPLETED BY SUPERVISOR & DEPUTY DEAN)**

Supervisor's Comment :

\_\_\_\_\_

\_\_\_\_\_

Recommended  Not Recommended

Supervisor's Signature & Stamp :

Date : \_\_\_\_\_

Deputy Dean Comment :

\_\_\_\_\_

\_\_\_\_\_

Approved  Not Approved

Deputy Dean Signature & Stamp :

Date : \_\_\_\_\_

*If it involves a change of faculty*

**SECTION IV (TO BE COMPLETED BY SUPERVISOR & DEPUTY DEAN OF NEW FACULTY)**

Supervisor's Comment :

\_\_\_\_\_

\_\_\_\_\_

Qualified  Not Qualified

Supervisor's Signature & Stamp :

Date : \_\_\_\_\_

Deputy Dean Comment :

\_\_\_\_\_

\_\_\_\_\_

Qualified  Not Qualified

Deputy Dean Signature & Stamp :

Date : \_\_\_\_\_

**Kegunaan Bahagian Pengurusan Akademik (For Academic Management Division)**

Keputusan : Diluluskan  Tidak diluluskan

Mulai semester : \_\_\_\_\_

Ulasan :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tandatangan : \_\_\_\_\_

Tarikh : \_\_\_\_\_

Cop Rasmi :

Disemak & kemaskini rekod oleh :

\_\_\_\_\_

Tarikh : \_\_\_\_\_