

(Please attach Previous Course Registration Slip)

 Matric Card Number :

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 IC No./Passport/ISID :

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 NAME :

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(In BLOCK letters and as in Identity Card/Passport)

Faculty : _____

 Year / Program :

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 Session/Semester :

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DELETED COURSE:

No.	Course Code	Section	Status*	Credit	Lecturer's Signature
Total Credit Hours					

* UM, UG, HL, HS & HWUM

INSERTED COURSE:

No.	Course Code	Section	Status*	Credit	Lecturer's Signature
Total Credit Hours					

* UM, UG, HL, HS & HWUM

 Total Credit Registered before Amendment

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 Total Credit Registered after Amendment

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 Deleted Credit Hours

--

 Current PNGK/CGPA

--

 Inserted Credit Hours

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Agree/Disagree

 (Student's Signature)

 (Academic Advisor's Signature)

Name : _____

Date : _____ / _____ / _____

Date : _____ / _____ / _____

IF THE ACADEMIC ADVISOR DISAGREE

Dean's Decision	Approved/Not Approved
Signature : _____	Date : _____ / _____ / _____