



Matric Card Number :

Identity Card Number /
Passport Number :

NAME :

(In BLOCK Letters as in Identity Card/Passport)

Faculty : _____

Year/ Programme : Session/Semester :

DELETED COURSE :

No.	Subject Course	Section	Status*	Credit	Lecture's Signature
Total Credit Hours					

* UM, UG, HL, HS & HWUM

INSERTED COURSE :

No.	Subject Course	Section	Status*	Credit	Lecture's Signature
Total Credit Hours					

* UM, UG, HL, HS & HWUM

Total Credit Registered before Amendment

Total Credit Registered after Amendment

Deleted Credit Hours

Current PNGK/CGPA

Inserted Credit Hours

Agree/Disagree

(Student's Signature)

(Academic Advisor's Signature)

Date : ____/____/____

Name : _____

Date : ____/____/____

IF THE ACADEMIC ADVISOR DISAGREES

Dean's Decision

Approved/Not Approved

Signature : _____

Date : ____/____/____