



Instruction to students:

1. Students can apply to change of campus once throughout the duration of study.
2. The change of campus application form must be submitted to current and new Head of Postgraduate Study of College / Faculty / Academic Centre / UiTM Branch Campus postgraduate office for support and verification.
3. Processing fee of RM50 will be generated by Bahagian Pengurusan Kewangan Pelajar (BPKP) after the approval.

SECTION I (To be filled by student in CAPITAL LETTERS)

Name:																											
I.C No/Passport No.:													Faculty Code														
Student ID No.:											Campus																
Programme Code:							Semester:			Gender	<i>Male</i>		<input type="checkbox"/>	<i>Female</i>		<input type="checkbox"/>											
Level of Study:	<i>Master</i>		<input type="checkbox"/>	<i>PhD</i>		<input type="checkbox"/>	Mode of Study	<i>Full Time</i>		<input type="checkbox"/>	<i>Part Time</i>		<input type="checkbox"/>	<i>FLP</i>		<input type="checkbox"/>											
Mailing Address *()																											
																							Postcode				
* Please tick (✓) for change of address																											
Tel.No.:													Mobile Phone No.														
E-mail:																											
Scholarship / Funding (if any):																											

SECTION II (Please complete)

I would like to change:

from Campus	<input type="text"/>	to Campus	<input type="text"/>				
starting from semester	MARCH <input type="checkbox"/>	SEPTEMBER <input type="checkbox"/>	Year <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>2</td> <td>0</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	2	0	<input type="text"/>	<input type="text"/>
2	0	<input type="text"/>	<input type="text"/>				

Reasons to change campus:

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(Please provide additional explanation in separate sheet if space not sufficient)

I hereby declare that all information provided is true.

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Student's Signature

.....

Date

SECTION III (Student is required to get verification from the following departments)**A. FACULTY**

Verified by KPPS (present campus)

☐**COMPLY**☐**NOT COMPLY**.....
Signature.....
**Name and Official
Stamp**.....
Date**B. FACULTY**

Verified by KPPS (new campus)

☐**COMPLY**☐**NOT COMPLY**.....
Signature.....
**Name and Official
Stamp**.....
Date**C. REMARKS**.....
.....
.....
.....**Section IV (Results of application is subjected to JKAPS' approval)****For office use only****JKAPS' Result**☐**APPROVED**☐**NOT APPROVED****Signature of JKAPS Chair**

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Name and Official Stamp

.....

Date

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