



Institut Pengajian Siswazah

CHANGE OF STUDY MODE

Instruction to students:

1. The change of study mode application form must be submitted to the College / Faculty / Academic Centre / UiTM Branch Campus postgraduate office within stipulated date.
2. Completed form must be supported by the Head of Postgraduate Studies at the respective College / Faculty / Academic Centre / UiTM Branch Campus
3. UPTA Scheme recipients are not eligible to apply.
4. 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	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>																		
Level of Study:	Master	<input type="checkbox"/>	PhD	<input type="checkbox"/>	Mode of Study	Full Time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>	FLP	<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 Mode of Study: Full Time to Part Time Part Time to Full Time

starting from semester MARCH SEPTEMBER Year

Reasons to change Study Mode:

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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 endorsement from the following departments)

<p>A. SUPERVISOR / ACADEMIC ADVISOR</p> <p>Supervisor / Academic Advisor comment:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: center;">..... <i>Signature</i></p> <p>.....</p> <p style="display: flex; justify-content: space-between;">Name and Official Stamp Date</p>	<p>B. FACULTY</p> <p>Verified by KPPS</p> <p style="text-align: center;">COMPLY <input type="checkbox"/></p> <p style="text-align: center;">NOT COMPLY <input type="checkbox"/></p> <p style="text-align: center;">..... <i>Signature</i></p> <p>.....</p> <p style="display: flex; justify-content: space-between;">Name and Official Stamp Date</p>	<p>C. REMARKS</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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Section IV (Results of application is subjected to JKAPS' approval)

For office use only

JKAPS' Result **APPROVED**

 NOT APPROVED

Signature of JKAPS Chair

Name and Official Stamp

Date