



CENTRE FOR POSTGRADUATE STUDIES

CHANGE OF INFORMATION IN PERSONAL BIODATA FORM

SECTION A : STUDENT'S PARTICULAR

Name :

Matric No :

Major / Programme :

SECTION B : CHANGE REQUESTED

Name :

NRIC/Passport No :

Address :

Phone No. :

Others:

Signature: _____

Date: _____

FOR CPS USE ONLY

Received by: _____

Date: _____

Processed by: _____

Note:

Please attach photocopy of relevant document(s) to support your request. You should be able to check on the changes through **Student Information System** after 7 days the form is received by the CPS.