

CENTRE FOR POSTGRADUATE STUDIES

APPEAL TO CHANGE MODE OF PROGRAMME

Semester Session /

REMINDER: Appeal must be made by the fourth week (4TH) week of a regular semester

Section A : Student's Information (to be filled by the student)

Name:		
Kulliyah :	Programme :	Matric No :
Email :	Contact No:	Total Credit Hours Completed:

CHANGE MODE OF PROGRAMME

CURRENT	INTENDED

Justification:

*Eligibility: 1. Upon availability of the programme offered by Kulliyah/Institute. 2. Candidate may apply **ONCE** throughout his/her study period

CANDIDATE'S ACKNOWLEDGEMENT

I understand that this would be considered as my **final decision** once the Head of Department / Deputy Dean of Postgraduate Office in Kulliyah/Institute received my appeal(s)

Date:	Signature:
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SECTION B: HEAD OF DEPARTMENT (KULLIYAH)

Recommendation

The candidate has met all the requirements stipulated in the PG Regulations. Therefore, the department decided to ***RECOMMEND/NOT RECOMMEND** his/her appeal.

Date:	Signature & Stamp:
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SECTION C: DEPUTY DEAN (POSTGRADUATE & RESEARCH) OF KULLIYAH/INSTITUTE

Recommendation

Based on PG Regulations and Head of Department's recommendation (if applicable), the Kulliyah/Institute ***RECOMMEND/NOT RECOMMEND** this application.

Date:	Signature & Stamp:
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