



ALBUKHARY INTERNATIONAL UNIVERSITY

Centre for Graduate Studies (CGS)
Albukhary International
University

CHANGE OF STUDY MODE**Instruction to students:**

1. The change of study mode application form must be submitted to the CGS within stipulated date.
2. Completed form must be supported by the Head of CGS
3. Processing fee of RM50 will be generated by the Finance Department after the approval.

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

Name:

I.C /Passport No.: Faculty Code

Student ID No.:

Programme Code: Semester: Gender *Male* *Female*

Level of Study: *Master* *PhD* Mode of Study *Full Time* *Part Time*

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* *OCTOBER* Year

Reasons to change Study Mode:

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Please provide additional explanation in separate sheet if space is not sufficient.

I hereby declare that all information provided is true.

.....
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>Name and Official Stamp Date</p>	<p>B. SCHOOL</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>Name and Official Stamp Date</p>	<p>C. REMARKS (if any)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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Section IV (Results of application is subjected to CGS approval)

FOR OFFICE USE ONLY

CGS Result **APPROVED**

 NOT APPROVED

Signature of Head of CGS

Name and Official Stamp

Date