

REQUEST TO CHANGE CANDIDATURE

PARTICULARS OF STUDENT

FULL NAME:		STUDENT NO.:	
EMAIL:		CONTACT NO.:	
TRACK / SPECIALISATION:	Occupational & Environmental Health	STATUS:	Full-Time Part-Time
NAME OF ADVISOR:			
SEMESTER: 1 2	ACADEMIC YEAR: 20 ____ / 20 ____		
REQUIRED MCs FOR GRADUATION:		PROJECTED GRADUATION DATE:	

REQUEST TO CHANGE CANDIDATURE TO:	Full-time	Part-time	AS OF SEMESTER ____ , AY20 ____ / 20 ____
COMPLETED MC TO DATE:		PROPOSED GRADUATION DATE:	
PLEASE STATE REASONS TO CHANGE CANDIDATURE: <i>(attached a separate sheet if necessary)</i>			
			SIGNATURE OF STUDENT/ DATE

FOR OFFICIAL USE

COMMENTS (IF ANY):	REQUEST IS SUPPORTED NOT SUPPORTED
	SIGNATURE OF PROGRAMME DIRECTOR/ DATE
COMMENTS (IF ANY):	REQUEST IS SUPPORTED NOT SUPPORTED
	SIGNATURE OF HEAD OF DEPARTMENT/ DATE

TO BE COMPLETED BY EDUCATION OFFICE

COMMENTS (IF ANY):	REQUEST IS COMPLETED AND UPDATED IN SYSTEM
	NAME/ SIGNATURE / DATE