

REQUEST TO READ ADDITIONAL MODULES

PARTICULARS OF STUDENT

FULL NAME:		STUDENT NO.:	
EMAIL:		CONTACT NO.:	
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:	

MODULES CURRENTLY READING: (FULL TIME MAX: 24MC, PART-TIME MAX: 12MC)

MODULE CODE	MODULE TITLE	MODULAR CREDITS

PROPOSED MODULES TO BE READ: (In order of preference. Please ensure all pre-requisites are fulfilled, if any)

MODULE CODE	MODULE TITLE	MODULAR CREDITS

PLEASE STATE THE REASONS FOR READING ADDITIONAL MODULES

	<p><i>I acknowledge that I am required to fulfil the minimum candidature requirements.</i></p>
SIGNATURE OF STUDENT/ DATE	

FOR OFFICIAL USE

COMMENTS (IF ANY):	REQUEST IS APPROVED NOT APPROVED
	SIGNATURE OF PROGRAMME DIRECTOR/ DATE

TO BE COMPLETED BY EDUCATION OFFICE

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