

REQUEST TO CHANGE CANDIDATURE

PARTICULARS OF STUDENT

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

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

	SIGNATURE OF STUDENT/ DATE
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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

	SIGNATURE OF HEAD OF DEPARTMENT/ DATE
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TO BE COMPLETED BY EDUCATION OFFICE

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