

ASIA METROPOLITAN UNIVERSITY No.6 Jalan Lembah,Bandar Seri Alam 81750 Masai, Johor Bahru Johor Darul Takzim

Tel: 06-386 1071/1076

APPLICATION FOR CHANGE OF PROGRAMME

Note:				
Please attach:	1) Supporting documents (letter		s)	
	2) Research Proposal (post-graduate students)			
PART A:	APPLICANT'S INFORMATION			
Name	:	: Current Programme :		
Student Id				
Semester	:			
Tel	:	Email :		
PART B:	PROGRAMME APPLICANTION DETAILS			
New Programm	ne Applied:			
_	pplying change of programme:			
•	e that I am required to pay an adr			
-	the University Senate approval.			
	any) will be paid accordingly. I ar	n fully aware that any exce	ss in the current programme	
fee that has be	en paid will NOT be refunded.			
Signed :		Date :	Date :	
		OFFICE USE		
Recommended/	Not Recommended/ Comment:	Form Received by:	Payment Received by:	
		Signature:	Signature:	
Signature:		Name:	Name:	
Name:		Admission and Records	Finance Department	
	eputy Dean/ HOP	Department		
Date:		Date:	Date:	