



卫理毕理学院

Institut Methodist Pilley

Jalan Lily, P.O. Box 760, 96008 Sibul, Sarawak, Malaysia

Tel: 084-322268 Fax: 084-320801/ 320623 email: mpi@pilley.edu.my

APPLICATION TO CHANGE PROGRAMME

To be eligible to change programme, you must:-

- √ have completed at least one full-time semester of study in your current course.
- √ have met the latest course entry requirements of the new academic programme for which you wish to apply.

1. PERSONAL DETAILS			
Name:		Telephone (H):	
NRIC:		Mobile No:	
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Email:	
2. CHANGE OF ACADEMIC PROGRAMME			
Academic programme in which you are currently enrolled:		Semester and year in which you commenced this programme:	
Academic programme for which you wish to apply:		Semester and year in which you wish to commence the new programme:	
Reason for applying this programme:			
Do you wish to apply for credit exemption/transfer on the basis of subjects already taken? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Please fill up the application form on the next page and attach all relevant academic transcripts/documents.)</i>			
Signature of Student:	Signature of Parent/Guardian:	Signature of Mentor/Advisor:	
Date:	Date:	Date:	
FOR OFFICE USE ONLY			
RECOMMENDATION BY DEPARTMENT – TO MAKE AN OFFER			
Programme (as in qualification to be awarded)			
Is the student given the credit exemption/transfer for any of the subjects taken previously at MPI? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, please indicate your assessment of credit exemption/transfer on the next page.	
Other special Requirements/Conditions			
RECOMMENDATION BY DEPARTMENT – NOT TO MAKE AN OFFER			
<input type="checkbox"/> Not academically qualified		Other reasons – specify	
AUTHORISATION BY DEPARTMENT			
Name of Faculty/School	Name of Head of Department	Signature & Date	

APPLICATION FOR CREDIT TRANSFER EXEMPTION / TRANSFER WHEN CHANGING PROGRAMME

Subject(s) Taken				Credit Exemption/Transfer Granted		
Subject Code	Subject Name	Cr. Hr.	Result	Subject Code	Subject Name	Cr. Hr.

AUTHORISATION BY DEPARTMENT		
Name of Faculty/School	Name of Head of Department	Signature & Date