

卫理毕理学院

Institut Methodist Pilley

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APPLICATION TO CHANGE PROGRAMME

Effective 1 August 2021, a sum of RM150 transfer fee is charged for change of UCSI programmes.

To be eligible to change programme, you must:-

- $\sqrt{}$ have completed at least one full-time semester of study in your current course.
- $\sqrt{}$ 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:	Female Male		Email:				
2. CHANGE OF ACADEMIC PROGRAMME							
Academic p	urrently enrolled to:	Semester and year you commenced the current programme:					
Academic programme you wish to change to:			Semester and year you wish to commence the new programme:				
Reason(s) for changing to this programme:							
Do you wish to apply for credit transfer/ exemption based on subjects already taken? YES NO							
(Please fill in the application form on the next page and attach all relevant academic transcripts/ documents.)							
Signature of Student:		Signature of Parent/ Guardian:		Signature of Mentor:			
Date:		Date:					
Date:		Date:		Date	:		
Date:		Date: FOR OFFICE	USE ONLY		:		
	MENDATION TO				:		
		FOR OFFICE					
RECOMN Awarded Pr	ogramme:	FOR OFFICE	ER	If YE	SS, please indicate your assessment of transfer/ exemption on the next page.		
RECOMN Awarded Pr Is the studer taken at MP	ogramme:	FOR OFFICE O MAKE AN OFF	ER	If YE	SS, please indicate your assessment of		
RECOMN Awarded Pr Is the studer taken at MP Other specia	ogramme: It granted the credit to the credi	FOR OFFICE O MAKE AN OFF	subject(s)	If YE	SS, please indicate your assessment of		
RECOMN Awarded Pr Is the studer taken at MP Other specia	ogramme: It granted the credit to the second secon	FOR OFFICE O MAKE AN OFFI Transfer/ exemption for some of the second se	subject(s) OFFER	If YE	SS, please indicate your assessment of		
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APPLICATION FOR CREDIT TRANSFER/ EXEMPTION WHEN CHANGING PROGRAMME

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

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