## 卫理毕理学院

## **Methodist Pilley Institute**

Jalan Lily, 96000 Sibu, Sarawak, Malaysia
Tel: +60(84) 322268 Fax: +60(84) 320801/ 320623 email: mpi@pilley.edu.my

## 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 (I		H):		
NRIC:		Mobile No:				
Gender:	Female	Male Email:				
2. CHANGE OF ACADEMIC PROGRAMME						
Academic programme you are currently 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: FOR OFFICE	USE ONL			
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		FOR OFFICE				
RECOMMEND Awarded Programm	ne:	FOR OFFICE	ER			
RECOMMEND Awarded Programm Is the student grante	ne: ed the credit t YES	FOR OFFICE O MAKE AN OFF  ransfer/ exemption for a NO	ER	Y  If YES, please indicate your assessment of		
RECOMMEND Awarded Programm Is the student grante taken at MPI? Other special require	ed the credit t YES [ rements/ cond	FOR OFFICE O MAKE AN OFF  ransfer/ exemption for a NO	ER subject(s)	Y  If YES, please indicate your assessment of		
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RECOMMEND Awarded Programm Is the student grante taken at MPI? Other special requir	ed the credit t YES [ rements/ cond  OATION N  Ily qualified	FOR OFFICE O MAKE AN OFF  Transfer/ exemption for some second sec	ER subject(s) OFFER	Y  If YES, please indicate your assessment of		

## 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				