

COURSE REGISTRATION AMENDMENT FORM

(Please attach Previous Course Registration Slip)

Name:	
Matric Card Number:	
IC No./Passport/ISID:	
Programme:	
Session/Semester:	
Phone No:	Email:
DELETED COURSE: No. Course Code	Section Status* Credit Lecturer's Signature
No. Course code	Section Status Credit Lecturer's Signature
Total Credit Hours	*DT, UM, UG, HL, HS , HW
INSERTED COURSE: No. Course Code	Section Status* Credit Lecturer's Signature
Total Credit Hours	*DT, UM, UG, HL, HS , HW
Total Credit Registered before Amendment	Total Credit Registered after Amendment
Deleted Credit Hours	Current CPA
Inserted Credit Hours	
mostica Great Floard	Agree/Disagree
	Agree/Disagree
(Student's Signature)	(Academic Advisor's Signature)
	Name:
Date:/	Date:/
IF THE ACADEMIC ADVISOR DISAGREE	
Dean's Decision	Approved/Not Approved
Signature:	Date:/