UTM UNIVERSITI TEKNOLOGI MALAYSIA School of Professional and Continuing Education (SPACE)	**CENTRE OF DEGREE AND FOUNDATION STUDIES** *Tel : 07-531 8061/7061 (JB) 03-2728 6586 (KL)* *Email: foundation@utm.my* **APPLICATION FOR CHANGE OF CONCENTRATION/CAMPUS**	Form No. : **USB/PPI/xxxxx** Edition : **2** Effective Date : **1/11/2025** Page (s) : **2**

Terms and Conditions:

1. Students must complete Section I and get the Academic Advisor's verification in Section II before submitting this form.
2. Applications for changing concentration and campus are only allowed at the beginning and end of the semester within the specified period.
3. Applications for changing concentration are only allowed for students who are eligible and meet the admission requirements.
4. The faculty will inform students of the application results via email.
5. Students who are given the approval to change the concentration or campus are not allowed to retract their application.
6. A change of concentration or campus is allowed only once during the entire period of study.

SECTION I (To be completed by Student)

Full Name:	:			
IC No./Passport	:		Matric No.	:
Current Programme	:		Current Semester/Session	:
Correspondence Address:	:			
Telephone No.	:		Email	:

Please tick (✓) in the appropriate box.

I would like to apply for change of : ☐ **Concentration** ☐ **Campus**

Semester/Session applied :

1. Current Concentration :	☐ Physical Science ☐ Life Science ☐ Social Science	**New Concentration Applied**	☐ Physical Science ☐ Life Science ☐ Social Science
2. Current Campus :	☐ UTM Johor Bahru ☐ UTM Kuala Lumpur	**New Campus Applied**	☐ UTM Johor Bahru ☐ UTM Kuala Lumpur

Reason/Justification of application :

_____

_____

_____

_____

Student's Declaration

I hereby declare that the information provided in this form is true and correct.

Student's Signature : _____ Date : _____

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SECTION II (Student needs to get verification from the Academic Advisor)

Supported ☐ Not Supported ☐

Signature : _____

Academic Advisor's Comment : Name/Stamp : _____

_____

_____

_____

_____ Date : _____

SECTION III (For Faculty Office Use)

Approval by the Head of Department
Approved ☐ **Not Approved** ☐ _____ _____ Signature and Stamp Date
Student's Status Update
Result : **Approved** ☐ **Not Approved** ☐ Approved for Semester/Session : _____ , _____ / _____ Approved Concentration/Campus : _____ Comment : Signature and Stamp : _____ _____ _____ _____ Date : _____ Form checked and student's record updated by : _____ Date updated : _____