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GSGSG/19

APPLICATION FOR CHANGE CENTRE OF STUDY

SECTION A: TO BE COMPLETED BY THE CANDIDATE

Name:	Matric No.:
Programme:	Address:
Tel. No.:	
E-Mail:	
Current Centre of Study:*	New Study Centre :*
Reasons for change (use additional paper if necessary):	
Method of Collection Approval Letter:*	
<input type="checkbox"/> Post <input type="checkbox"/> E-mail <input type="checkbox"/> Collect at the office	
Date:	Signature:

SECTION B: APPROVAL BY THE DEAN OF GSGSG*

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date:
	Signature & Stamp:

SECTION C: FOR OFFICE (GSGSG) USE ONLY

Received Date:	Signature & Stamp:
Recorded Date:	

* Tick where appropriate

2024