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GSGSG/01

APPLICATION FOR CHANGE MODE OF STUDY

SECTION A: TO BE COMPLETED BY THE CANDIDATE

Name:	Matric No.:
Programme:	Address:
Tel. No.:	
E-Mail:	
Current Mode of Study:* () Full-time () Part-time	New Mode of Study:* () Full-time () Part-time
Reasons for change (use additional paper if necessary):	
Method of Collection Approval Letter:*	
() Post () E-mail () Collect at the office	
Date:	Signature:
SECTION B: APPROVAL BY THE DEAN OF GSGSG*	
() Approved () Disapproved	Date:
	Signature & Stamp:
SECTION C: FOR OFFICE (GSGSG) USE ONLY	
Received Date:	Signature & Stamp of the Dean:
Recorded Date:	

* Tick where appropriate