

COURSE REGISTRATION AMMENDMENT FORM PLEASE READ CAREFULLY, REFER TO THE GUIDELINES

UTM.E/3.5 (Amendment 1/08)

(Please attach Previous Course Registration Slip)

Matric Card Number :	
IC No./Passport/ISID :	
NAME :	(In BLOCK letters and as in Identity Card/Passport)
Faculty :	
Year / Program :	Session/Semester:
DELETED COURSE:	
No. Course Code	Section Status* Credit Lecturer's Signature
Total Credit Hours	* UM, UG, HL, HS & HWUM
INSERTED COURSE:	
No. Course Code	Section Status* Credit Lecturer's Signature
Total Credit Hours	* UM, UG, HL, HS & HWUM
Total Credit Registered before A	mendment Total Credit Registered after Amendment
Deleted Credit Hours	Current PNGK/CPA
Inserted Credit Hours	Agree/Disagree
(Student's Signature)	(Academic Advisor's Signature)
	Name :
Date :/	
	IF THE ACADEMIC ADVISOR DISAGREE
Dean's Decision	Approved/Not Approved
Signature :	/Date :/