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REQUEST FOR CHANGE OF MAJOR

IMPORTANT

Please write in **BLOCK LETTERS ONLY**.

Please provide all information required in this form.
Incomplete forms will not be processed.

STUDENT NUMBER

NAME OF STUDENT

LAST NAME

FIRST NAME

MIDDLE NAME

CONTACT NUMBER

EMAIL ADDRESS

CURRENT PROGRAM

Advance Diploma Local Degree

Major :

Intake :

Month

Year

NEW PROGRAM

Advance Diploma Local Degree

Major :

Effectivity :

Month

Year

REASON FOR CHANGE

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ANY ADJUSTMENTS PERTINENT TO MY REQUEST WILL BE SUBJECT TO ADMINISTRATIVE CHARGES WHEN APPLICABLE AND THAT THE APPROVAL / DENIAL OF MY REQUEST IS THE SCHOOL'S PREROGATIVE.

RECEIVED BY :

SERVICE OFFICER ON DUTY

DATE RECEIVED :

STUDENT'S PRINT NAME AND SIGNATURE

DATE

SERVICES VALIDATION

FOR OFFICE USE ONLY

APPROVED BY :

ENCODED BY :

NEW STUDENT NUMBER

ACADEMICS HEAD / DATE

SERVICE OFFICER / DATE

EFFECTIVITY DATE :