

## CHANGE OF FIELD OF RESEARCH / FACULTY

### SECTION 1 (To be completed by Student)

#### 1. Student's Profile

Student Name	:					
Student ID	:		IC/Passport No.	:		
Programme	:					
Faculty	:					
Candidature	:		Registration Date as UMP Student	:		Current Semester/Academic Session

#### 2. Changes to Apply and Justifications

	Changes Applied	Current	New	Justification
	Change of Field of Research			
	Change of Faculty (to follow Main Supervisor)			
	Change of Faculty (for other reasons)			

Student's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION II (To be completed by Main Supervisor)

	Approved		Disapproved
Comment from Main Supervisor:  Date:  Supervisor's Signature and Stamp:			

### SECTION III (To be completed by Current Dean of Faculty)

	Approved		Disapproved
Comment from Dean:  Date:  Dean's Signature and Stamp:			

**SECTION IV (To be completed by Dean of New Faculty - for Changes of Faculty)**

	Approved		Disapproved
Comment from Dean:  Date:  Dean's Signature and Stamp:			

**SECTION V (To be completed by IPS)**

Within rules & procedures	Further actions to be taken:			
	MPSU & Senate Matters		Administration Matters	
<input type="checkbox"/> Yes	<input type="checkbox"/> MPSU to be informed	<input type="checkbox"/> Completed    Date:	<input type="checkbox"/> Verification by Dean of IPS	Date:
	<input type="checkbox"/> MPSU approval	<input type="checkbox"/> Yes <input type="checkbox"/> No    Date:	<input type="checkbox"/> Change status in the system	Date:
	<input type="checkbox"/> Senate to be informed	<input type="checkbox"/> Completed    Date:	<input type="checkbox"/> Letter to Faculty	Date:
			IPS Staff's Name:	
<input type="checkbox"/> No	<input type="checkbox"/> MPSU to be informed	<input type="checkbox"/> Completed    Date:	<input type="checkbox"/> Verification by Dean of IPS	Date:
	<input type="checkbox"/> MPSU approval	<input type="checkbox"/> Yes <input type="checkbox"/> No    Date:	<input type="checkbox"/> Change status in the system	Date:
	<input type="checkbox"/> Senate to be informed	<input type="checkbox"/> Completed    Date:	<input type="checkbox"/> Letter to Faculty	Date:
Reasons:				
Verification by Dean of IPS	<input type="checkbox"/> Bring to MPSU for information <input type="checkbox"/> Bring to MPSU for approval			(Signature & Stamp)
Hereby, I verify that this student matter has been solved.  Date:  IPS Staff's Signature and Stamp:				