

**POSTGRADUATE PROGRAMME
APPLICATION FOR CHANGE OF CAMPUS REQUEST**

1. The candidate may request a change of campus without changing the field of the programme.
2. International candidate is not allowed to apply for the change of campus. Should they wish to do so, the candidate must first discontinue the existing programme and reapply for a new applicant.
3. The application for a campus change shall be approved by both Faculty Deans.
4. This application form is exclusively for local candidates only.

PART I: CANDIDATE'S DETAILS – To be completed by the candidate																					
FULL NAME:		STUDENT ID:																			
PROGRAMME:																					
MODE OF STUDY:		NATIONALITY:																			
PERSONAL EMAIL:		MOBILE PHONE NO.:																			
DATE OF INITIAL REGISTRATION:		END OF CANDIDATURE:																			
FACULTY (CURRENT):																					
FACULTY (NEW):																					
REASON FOR CHANGE:																					
COMPLETED SUBJECTS/MILESTONES:	<p>Please fill up the date of completion for the following milestones/subjects:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #a0c0ff;"> <th style="width: 70%; padding: 5px;">Milestones/Courses</th> <th style="width: 30%; padding: 5px;">Date of Completion</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Proposal Defence (Passed):</td> <td></td> </tr> <tr> <td style="padding: 5px;">Entrepreneurship & Commercialisation:</td> <td></td> </tr> <tr> <td style="padding: 5px;">Research Methodology:</td> <td></td> </tr> <tr> <td style="padding: 5px;">Other subjects (if applicable):</td> <td></td> </tr> <tr> <td style="padding: 5px;">_____</td> <td>_____</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td>_____</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td>_____</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td>_____</td> </tr> </tbody> </table>			Milestones/Courses	Date of Completion	Proposal Defence (Passed):		Entrepreneurship & Commercialisation:		Research Methodology:		Other subjects (if applicable):		_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____																				
_____	_____																				
<p>I declare that all information provided is accurate.</p> <div style="display: flex; justify-content: space-between;"> SIGNATURE OF CANDIDATE: _____ DATE (dd/mm/yyyy): ____/____/____ </div>																					

PART II: VERIFICATION FROM SUPERVISOR & CO-SUPERVISOR (CURRENT & NEW FACULTY)

CURRENT FACULTY:

SIGNATURE AND OFFICIAL STAMP: _____
(Current Faculty's Supervisor)

DATE (dd/mm/yyyy): ____/____/____

SIGNATURE AND OFFICIAL STAMP: _____
(Current Faculty's Co-Supervisor)

DATE (dd/mm/yyyy): ____/____/____

NEW FACULTY:

SIGNATURE AND OFFICIAL STAMP: _____
(New Faculty's Supervisor)

DATE (dd/mm/yyyy): ____/____/____

SIGNATURE AND OFFICIAL STAMP: _____
(New Faculty's Co-Supervisor)

DATE (dd/mm/yyyy): ____/____/____

Note:

- If the supervisors/co-supervisors remain unchanged, kindly sign and stamp in both spaces.
- If the appointment of new supervisors/co-supervisors in the new faculty is necessary, please also include the "APPLICATION FOR CHANGE OF SUPERVISION ARRANGEMENT" form.

PART III: APPROVAL TO RELEASE FROM FACULTY DEAN – CURRENT FACULTY

☐

APPROVED

☐

NOT APPROVED

Please justify the if not approved: _____

SIGNATURE AND OFFICIAL STAMP: _____
(Dean of Faculty)

DATE (dd/mm/yyyy): ____/____/____

PART IV: APPROVAL TO ACCEPT FROM FACULTY DEAN – NEW FACULTY

☐ **APPROVED** ☐ **NOT APPROVED**

Please justify the if not approved: _____

SIGNATURE AND OFFICIAL STAMP: _____ DATE (dd/mm/yyyy): ____/____/_____
(Dean of Faculty)

PART V: INSTITUTE FOR POSTGRADUATE STUDIES OFFICE USE

Received and Verified by IPS Manager/Assistant Manager: -

SIGNATURE AND OFFICIAL STAMP: _____ DATE OF RECEIVED (dd/mm/yy): ____/____/____

To be completed by IPS following approval from the BOP:

No	Items	Tick (✓)
1	Created new candidate management for the approved application.	
2	Transfer the completed subjects/milestones of the candidate.	

Note:

After obtaining approval from both faculties for the change of campus request, the application must be tabled to the BOP by the accepting (new) faculty.

If reappointment of supervisor/co-supervisor is necessary, please also include the "APPLICATION FOR CHANGE OF SUPERVISION ARRANGEMENT" form.