



**CENTRE FOR POSTGRADUATE STUDIES**

**APPEAL TO CHANGE STUDY STATUS FORM**

Semester  Session  /

**Instructions:**

1. The appeal must be made by the fourth (4th) week of a regular semester
2. The appeal will be considered based on the availability of the programme offered by the Kulliyah/Institute
3. Each student may apply only ONCE throughout his/her study period

**SECTION A: STUDENT'S INFORMATION (TO BE FILLED BY THE STUDENT)**

Name:		
Kulliyah :	Programme :	Matric No :
Email :	Contact No:	Total Credit Hours Completed:
<b>CHANGE STUDY STATUS</b>		
<b>CURRENT</b>		<b>INTENDED</b>
<input type="checkbox"/> Fulltime	<input type="checkbox"/> Fulltime	
<input type="checkbox"/> Part time	<input type="checkbox"/> Part time	
Justification:		
I understand that this would be considered as my <b>final decision</b> once the Head of Department / Deputy Dean of Postgraduate Office in Kulliyah/Institute received my appeal(s)		
_____ Student's Signature		_____ Date

**SECTION B: RECOMMENDATION FROM THE DEPUTY DEAN (POSTGRADUATE) OF CENTRE OF STUDIES**

The student has met all the requirements stipulated in the Postgraduate Regulations. Therefore the Kulliyah/ Institute *RECOMMEND/NOT RECOMMEND his/her appeal	
Signature & Stamp:	Date :

**SECTION C: OFFICE USE (CENTRE FOR POSTGRADUATE STUDIES)**

Action/Remarks:	Date:
UCPS No:	