

CHANGE OF COURSE TYPE

(Please submit this form with a copy of your degree audit to the EEE Undergraduate Programme Office, S2-B2a-34.)

NAME ON MATRIC CARD			
PROGRAMME		MATRICULATION NO.	
NTU E-MAIL ADDRESS		CONTACT NO.	

REQUEST

COURSE CODE	COURSE TITLE	TAKEN DURING (PLEASE INDICATE)		COURSE TYPE	
				REGISTERED	CHANGE
		AY	SEM		
		AY	SEM		

Reason for change:

I hereby declare that I will not revert the course type for the course written above.

SIGNATURE _____

DATE _____

SCHOOL RECOMMENDATION

- SUPPORTED
- NOT SUPPORTED

FOR OFFICE USE

NOTIFIED OAS ON	
COMPLETED ON	