

**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:

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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	