



UKM-SPKPPP-PT(PdP)-03-AK03-BO03

No. Semakan:
01Tarikh Kuat
Kuasa: 01/04/2024**PERMOHONAN PERTUKARAN FAKULTI / PROGRAM / PENGKHUSUSAN/ BENTUK
PENDAFTARAN / MOD PENGAJIAN***Application for Change of Faculty / Programme /Area of Specialization/ Form of
Registration / Mode of Study***Bahagian A: Maklumat Diri Pelajar***Part A: Student's Detail*

Nama (Name)			
No. Pendaftaran (Registration Number)		Fakulti / Institut (Faculty / Institute)	
No. Telefon (Telephone Number)		Email (E-mail)	
Tahap Pengajian (Level of Study)	Doktor Falsafah (Doctor of Philosophy) <input type="checkbox"/>	Sarjana (Masters) <input type="checkbox"/>	Sarjana Muda (Undergraduate) <input type="checkbox"/>
		Diploma (Diploma) <input type="checkbox"/>	
Bentuk Pendaftaran (Form of registration)	Sepenuh Masa (Full Time) <input type="checkbox"/>	Separuh Masa (Full Time) <input type="checkbox"/>	
Semester / Sesi (Semester / Session)			

Bahagian B: Maklumat Akademik *Untuk pelajar Sarjana Muda SAHAJA*Part B: Academic Details *For Undergraduate ONLY*

Kelayakan Masuk (Admission qualification)	
Keputusan Peperiksaan Terakhir (Latest final examination results (CGPA))	

Bahagian C: Maklumat Pertukaran Fakulti / Program / Bentuk Pendaftaran / Mod Pengajian*Part C: Details for Change of Faculty / Programme / Form of Registration / Mode of Study*

Perkara (Item)	Semasa (Current)	Baharu (New)
Fakulti/ Institut (Faculty/ Institute)		
Program (Programme)		
Bentuk Pendaftaran (Form of Registration)		
Mod Pengajian (Mode of Study)		
Bidang Pengkhususan (Area of Specialization)		



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Registration / Mode of Study*Justifikasi permohonan (*Justification of Application*):

(Gunakan lampiran jika ruang tidak mencukupi / *Use attachment if the space is insufficient*)Tandatangan : _____
(Signature)Tarikh : _____
(Date)**Bahagian D: Perakuan Penyelia/ Penyelaras Program (Pascasiswazah SAHAJA)***Part D: Supervisor/ Programme Coordinator acknowledgement (Postgraduate ONLY)*Permohonan / Application: Disokong (Agree) Tidak disokong (Disagree)

Ulasan (Remarks):

Tandatangan : _____
(Signature)Tarikh : _____
(Date)Nama dan Cap Rasmi : _____
(Name and Official Stamp)**Bahagian E: Kelulusan Fakulti/ Institut***Part E: Faculty/ Institute Approval*

Fakulti/ Institut Semasa (Current Faculty/Institute)	Fakulti/ Institut Baharu (New Faculty/Institute)
Diluluskan (Approved): <input type="checkbox"/>	Diluluskan (Approved): <input type="checkbox"/>
Tidak Diluluskan (Not Approved): <input type="checkbox"/>	Tidak Diluluskan (Not Approved): <input type="checkbox"/>
Ulasan (Remarks): _____ _____	Ulasan (Remarks): _____ _____
Tandatangan (Signature): _____	Tandatangan (Signature): _____
Nama & Cap Rasmi : _____ (Name & Official Stamp)	Nama & Cap Rasmi : _____ (Name & Official Stamp)
Tarikh (Date): _____	Tarikh (Date): _____

*Nota: Kedua-dua ruangan WAJIB diisi untuk pertukaran antara Fakulti/Institut SAHAJA
Note: Both columns MUST be filled in for change of Faculties/Institutes ONLY



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01

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**PERMOHONAN PERTUKARAN FAKULTI / PROGRAM / PENGKHUSUSAN/ BENTUK
PENDAFTARAN / MOD PENGAJIAN**

*Application for Change of Faculty / Programme /Area of Specialization/ Form of
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Bahagian F: Semakan Pusat Pengurusan Akademik (Prasiswazah SAHAJA)

Part F: Centre for Academic Management verification (Undergraduate ONLY)

i. **Memenuhi Syarat Kemasukan Ke Program Baharu**

(Fullfil new programme admission requirement)

ii. **Kemaskini SMP**

(SMP update)

Tandatangan : _____

Tarikh : _____

Nama dan Cap Rasmi : _____