C10

The Maldives National University

Machchangolhi, Male', Maldives.

Phone 3345155; Fax: 3315411

Application to Change Course/Specialization/Campus

Your personal details

Full Name	
Student Number	
National ID Card Number	
Permanent Address	
Present Contact Address	
Contact Phone Numbers	

Existing Course details

Course Name	
Specializing subject(s) or major	
Faculty/Centre	
Campus	

Proposed change details

Course Name	
Specializing subject(s) or major	
Faculty/Centre	
Campus	

Reason for change

State clearly and briefly why you wish to change

Declaration

1. I declare that all the information given in this form is accurate and true to the best of my knowledge.
2. I agree to pay any additional fees (if any) for the Course, Specialization or Campus now proposed.
3. I understand that there will be no change of my Course, Specialization or Campus until the University approves the proposed changes.

Date ______________ Signature ______________

Recommendation of the Faculty/Department

Note that where more than one faculty/department is involved, recommendations MUST be obtained from all of them.

To be filled by the Faculty/Department

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1. The withdrawal of this student from the enrolled course will not cause any difficulty in conducting the course effectively.

Yes	☐	އާއެކޭ	Yes	☐	އާއެކޭ
No	☐	ނޫނެކޭ	No	☐	ނޫނެކޭ

2. The student is eligible to study in the course he/she has applied for.

Yes	☐	އާއެކޭ	Yes	☐	އާއެކޭ
No	☐	ނޫނެކޭ	No	☐	ނޫނެކޭ

3. In consultation with the subject lecturers / course coordinators, the changes proposed on this form are

Recommended	☐	ރިކޮމެންޑް ކުރަން	Recommended	☐	ރިކޮމެންޑް ކުރަން
Not recommended	☐	ރިކޮމެންޑް ނުކުރަން	Not recommended	☐	ރިކޮމެންޑް ނުކުރަން

Head of Faculty or Centre / Course Co-ordinator	Head of Faculty or Centre / Course Co-ordinator
Signature ސޮއި	Signature ސޮއި
Date ތާރީޚް	Date ތާރީޚް
Stamp ތައްގަނޑު	Stamp ތައްގަނޑު

ACTION COMPLETED – OFFICE USE ONLY

Received by: Date:	Form complete: Yes / No	Existing course details correct: Yes / No
Change approved by:	Date student notified of result: ☐	Record amended by: Date:
Date Faculty/Centre notified:	Notification reference:	