



CHANGE OF SPECIALIZATION FORM (WITHIN DEPARTMENT)

TO BE COMPLETED BY STUDENT

Student ID		Student Name	
Department		Advisor Name	
Intake Semester		Phone Number	
Current Specialization		New Specialization	

Reason for changing specialization:

Signature: _____

Date: _____

TO BE COMPLETED BY ADVISOR

Student specialized in Academic Year: _____;

Semester: _____

No. of specialization requirements completed: _____

No. of specialization requirements currently registered: _____

Student CGPA at the end of Diploma Year 1: _____

Signature: _____

Date: _____

TO BE COMPLETED BY SECTION

Head of New Section: **Approved** **Not Approved**

Remarks: _____

Signature: _____ Date: _____

Head of Current Section: **Approved** **Not Approved**

Remarks: _____

Signature: _____ Date: _____

Remarks:

1. A student is allowed to change specialization only once.
2. A student is allowed to change specialization in the first regular semester of Diploma Second Year till a week after the midterm result has been announced.
3. A student is not allowed to change specialization if s/he has completed more than 3 specialization requirement courses in the old specialization.
4. A student is allowed to change specialization if s/he fulfills the eligibility criteria of the new specialization.

Copy Received: Student _____
(Signature)

Advisor _____
(Signature)

Department Registrar _____
(Signature)