OFFICE OF THE DEPUTY DEAN (ACADEMIC AND INTERNATIONALISATION)
APPLICATION FOR CHANGE OF INTERNAL PROGRAMME (COIP) INSTRUCTION

To the Student
1. This form is meant for the Undergraduate student who wishes to apply for the change of programme within KSTCL only (Internal).
2. This form has three (3) sections: A, B and C. You are required to **fill in Section A** only.
3. Please attach the form with **your academic credentials, current semester result, the EPT/APT result slip** and submit them to the **Heads of Departments** (current and intended).
4. The application for the Internal COIP is applicable for ONCE.

To the Head of Department (HOD)
1. With reference to Table 1 of Conditions for the Internal COP, please fill in **Section B** only.
2. Please submit the **form with your recommendation** to the Office of Deputy Dean (Academic and Internationalisation)

Conditions for the Internal COIP
1. This application is applicable for first or second semester student only (*herein after will be known as applicant*).
2. Applicant shall have an active student status at the time of application.
3. Applicant has attained not more than forthy (40) credit hour with a minimum CGPA of 2.50.
4. Applicant has fulfilled the English Placement Test (EPT) / Arabic Placement Test (APT) as stipulated in the following table:

Table 1: The requirement of English Placement Test (EPT) / Arabic Placement Test (APT) for KSTCL (Undergraduate)

Program	EPT Skills				EPT Overall Band	APT Overall Band
	Writing	Speaking	Listening	Reading		
BENCOM	6	6	6	6	6.5	2
BARCOM	5	5	5	5	5.5	6
BTPHM	5.5	5.5	5.5	5.5	6	2
BMCOM	5	5	5	5	5.5	2

5. The applicant's academic background does not contradict to the admission requirement outlined at both University and National levels.
6. The decision to approve/reject your application is solely on the Kulliyyah and no further appeal will be entertained.

SECTION A: TO BE COMPLETED BY THE APPLICANT

Name:		Matric Number:	
Mahallat & Room No.:		Nationality:	
Age:	Gender:	I/C or Passport No.:	Marital Status:
Sponsorship:		Year/Level:	
Address of Parent/Guardian:		No. of Dependants of Parent/Guardian:	
		Occupation of Parent/Guardian:	
		Phone No.: Handphone No.: Email:	

ACADEMIC PERFORMANCE OF THE EXISTING PROGRAMME

Name of Programme:

Semester	GPA	CGPA

Note: Please attach all copies of the previous examination results

REASON AND JUSTIFICATION FOR CHANGE OF PROGRAMME

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PROGRAMME PREFERENCE/INTENDED PROGRAMME IN KSTCL

Tick (√) only one:

☐ ARCOM/ ACOM ☐ ENCOM/ ECOM

☐ MLCOM/ MCOM ☐ TPHM/ TMGT

IMPORTANT NOTICE: Please enclose the following documents together with the application form:

    i.   SPM / O-Level
    ii.   STPM / STAM / A-Level / Diploma or equivalence
    iii.   EPT / APT result slip
    iv.   Examination results of each semester of the current programme

Student's Signature:...   Date:...

SECTION B : TO BE COMPLETED BY HEAD OF DEPARTMENT (HOD) AND DEPUTY DEAN (ACADEMIC AND INTERNATIONALISATION)

TO BE COMPLETED BY HEAD OF DEPARTMENT (HOD) OF THE PRESENT PROGRAMME
Please tick (√) your decision.
Approved ☐   Rejected ☐
If rejected, please comment:
....
....
Signature and Stamp of the HOD
Date: ……………………………………….
TO BE COMPLETED BY HEAD OF DEPARTMENT (HOD) OF THE INTENDED PROGRAMME
Please tick (√) your decision.
Approved ☐   Rejected ☐
If rejected, please comment:
....
....
Signature and Stamp of the HOD
Date: ……………………………………….

APPROVAL BY AND DEPUTY DEAN (ACADEMIC AND INTERNATIONALISATION)

Please tick (√) your decision.

Approved, concurred with HOD recommendation ☐   Rejected ☐

If rejected, please comment:

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Signature and Stamp of the Deputy Dean (Academic and Internationalisation)

Date: ……………………………………….

SECTION C: TO BE COMPLETED BY SECRETARIAT OF COIP

Processed by: ....

Approved programme: ....

Remark:

....

....

Signature and Stamp:

Date: ……………………………………….