



## BAHAGIAN HAL EHWAL PELAJAR

Student's Name : \_\_\_\_\_  
 Matrix No. : \_\_\_\_\_  
 Phone No. : \_\_\_\_\_  
 Email : \_\_\_\_\_

Programme : \_\_\_\_\_  
 Semester : \_\_\_\_\_  
 Session : \_\_\_\_\_  
 Faculty : \_\_\_\_\_

### ADD / DROP COURSE(S) APPLICATION FORM

#### COURSES TO BE ADDED

NO.	COURSE CODE	COURSE TITLE	REASONS	DATE
1				
2				
3				
4				
5				

#### COURSES TO BE DROPPED

NO.	COURSE CODE	COURSE TITLE	REASONS	DATE
1				
2				
3				
4				
5				

Student's Signature : \_\_\_\_\_ Date : \_\_\_\_\_

VERIFICATION BY BHEP OFFICE		
OFFICER	HEAD OF SECTION	HEAD OF BHEP
Name : _____	Name : _____	Name : _____
Date : _____	Date : _____	Date : _____
Signature _____	Signature _____	Signature _____
& Stamp : _____	& Stamp : _____	& Stamp : _____

*For more information, please email [sukk@uis.edu.my](mailto:sukk@uis.edu.my) or  
 call 03-89117000 ext. 3517/3106/1105*