



APPLICATION FOR CHANGE OF ENROLMENT

All students are required to have an approved study plan that may only be varied with the authority of the Faculty of Life & Physical Sciences. Students seeking a change of enrolment should use this form.

In order to avoid any academic penalty, requests for enrolment changes should be made either before the commencement of the relevant term or within the first three weeks of the term. Penalties will apply to any changes made after this time period.

You should note that:

- (a) Any withdrawal from a unit after the last date for withdrawal without academic penalty (normally the Friday of the third week), will be recorded as a fail; and
- (b) The last day to add a unit will be Monday of the second week of teaching for the unit.

Instructions:

1. Complete the reverse side of this form.
2. Fax or send to:
 - School of Life and Physical Sciences
 - PSB Academy
 - 355 Jalan Bukit Ho Swee
 - Singapore 169567

 - Facsimile: 65 6517 2940
3. Once approved by the Faculty of Life & Physical Sciences your enrolment will be changed by Student Administration (enrolments office), UWA.

APPLICATION FOR CHANGE OF ENROLMENT

Student Number: _____
 Cohort: _____
 Family Name: _____
 Other names: _____
 Address: _____

 Contact Phone Number: _____

Date Received (PSB School of Life & Physical Sciences)

Please change my enrolment as follows:

Program to WITHDRAW from		Office Use	Program to ADD		Office Use
		<input type="checkbox"/>			<input type="checkbox"/>
Units to WITHDRAW			Units to ADD		
Unit Code & Name	Teaching Period		Unit Code & Name	Teaching Period	
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>

Do you wish to withdraw entirely from the BSc Course? **Yes / No** (circle one)

Reason for Request: _____

Signed: _____ Date: _____

Office Use Only

Academic Student Adviser Recommendation: Recommended Not Recommended

Signed: _____ Date: _____

Faculty's Approval: Approved Not Approved

Signed: _____ Date: _____