



KOLEJ UNIVERSITI ISLAM ANTARABANGSA SELANGOR
 الكليات الإسلامية العالمية في سelangor
 INTERNATIONAL ISLAMIC UNIVERSITY COLLEGE SELANGOR

Student's Name : _____
 Matrix No. : _____
 Phone No. : _____
 Email : _____

BAHAGIAN HAL EHWAL PELAJAR

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 : _____