



IIUM Centre for Continuing Education (ICCE)

BRANCH TRANSFER FORM

A. TO BE FILLED BY STUDENT

Name:

Matric no.:

Phone no.:

Email address:

Date of application:

Current Centre

New Centre

.....

.....

Reason:

.....

Signature:

B. TO BE FILLED BY ADMISSION & RECORDS UNIT

Date received:

APPROVED

NOT APPROVED

Signature & Stamp:

Date:

Remark: