<b>5U</b>	Office of the Deputy Vice-Chancellor (Student Affairs)	AMENDMEN INFORMATIO	IT FORM FOR ACTIVITY
(TO BE FILLED IN 2 COPIES)			
	Amendment of Date	Amendme	nt of Venue
	Amendment of Programme Name	Cancellatio	on of Programme
	( Please tick 'X' in the	appropriate space )	
	1. APPLICAN	NT DETAILS	
Name of Programme Director	:		
Name of Applicant	:		
Associations / Clubs	:		
Telephone (H/P)	:		
Date	:	Signature of	Applicant :
	<u>2. INFORMATION OF PR</u> (Please enclose a copy of the Progi		al Letter)
Name of Programme			
Activity Code :		(Please refer in Student Acti	ivitv Svstem)
Date :			
Venue :			
Name of Programme :			
*Justify the amendment			
of Activity Information (MANDATORY)			
	REVIEW / SUPPORT FROM ADV	/ISOR / COLLEGE PRINCIP	<u>ALS</u>
Review/Comment :			
Date :			Signature :
	APPROVAL FROM OFFIC	E OF STUDENT AFFAIRS	
	APPROVED	NOT APPR	
	ATTROVED		
Comments :			
Date :			
			Signature & Official Stamp o/b : Deputy Vice Chancellor Student Affairs, UTM