

REQUEST TO CHANGE THE ENROLLED ACADEMIC PROGRAM

American International Campus No. 154, Havelock Road, Colombo – 05

STUDENT INFORMATION					
First Name			Last Name		
AICStudent ID #			Date of Birth		
Passport #			NIC #		
Email Address					
Local Address					
Telephone			Mobile		
CURRENT REGISTRATION INFORMATION					
Program Enrolled			Major		
Semester			Year		
I WISH TO CHANGE MY ACADEMIC PROGRAM TO:					
Program			Major		
Semester			Year		
DECLARATION					

- Permission to transfer from one academic program to another is subject to the final approval of the Management of American International Campus (AIC). In the event if the request is approved, I undersigned hereby read, understood and acknowledged that:
- I agree that any fees paid for the completed semesters of the existing program will be deducted and only the balance fee will be transferred to the new academic program.
- I agree to pay the program change fee of U\$D 500
- I agree to fulfil the entry criteria of the new academic program and I understand that not all courses and credits which I have already completed in my previous academic program are transferable to the new destination university.
- I agree to take any additional courses and earn credits as required by the new destination university.
- I understand that any courses/credits can only be transferred to the selected destination university represented by American International Campus (AIC).

Student's Signature			Date		
Parent's Signature			Date		

Official Use Only:		Acknowledged by Counsellor/Manager - Enrollments			
Approved	Yes	No	Authorized Signatory		