



(For Accounting Office)	
Comment : _____	
Name : _____	Stamp :
Signature & Date : _____	

(For Academic Division)	
Checked and updated by : _____	
Signature & Date : _____	Stamp :

Note: Please refer the following code for student's programme

Code	Program Name
HS241	BACHELOR OF HEALTH SCIENCE (MEDICAL LABORTORY TECHNOLOGY)
HS242	BACHELOR OF HEALTH SCIENCE (MEDICAL IMAGING)
HA246	BACHELOR OF HEALTH SCIENCE (OPTOMETRY)
PH240	BACHELOR OF PHARMACY (PHARMACY)
DS240	BACHELOR OF DENTESTRY (DENTAL SURGERY)
SCSR	BACHELOR OF COMPUTER SCIENCE (COMPUTER NETWORK AND SECURITY)
SCSJ	BACHELOR OF COMPUTER SCIENCE (SOFTWARE ENGINEERING)
CDCS240	BACHELOR OF COMPUTER SCIENCE (INFORMATION TECHNOLOGY)
SHAR	BACHELOR OF SCIENCE (HUMAN RESOURCE DEVELOPMENT)
BA276	BACHELOR OF SCIENCE (INTERNATIONAL BUSINESS)