

INTERNATIONAL UNIVERSITY – VNU HCMC OFFICE OF UNDERGRADUATE ACADEMIC AFFAIRS

REQUEST FOR CHANGING DIRECTION

Student name:			Studen	Student ID:		Date of birth:	
School/Depart	ment:		Major:_		Class:		
Student Teleph	none Number:		Email:_				
Intake:	Group: □ A	□ A1 □	lB □D1	Total Entranc	e Score:		
REQUEST D	ETAILS						
Expected majo	or:						
Expected prog	ram: 🗖 IU	☐ Twinning:					
Changing from	semester:	Academic year	:				
Reason for cha	inging direction:						
Evidence subn	nitted: Yes 🗖	No 🗆					
Student signat	ure (required):		Da	ate:			
PARENTS' APP	PROVAL						
Parents' signa	ture (required):		Phone numbe	r.	Date:		
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FOR INTERI	NATIONAL UNIVE	RSITY UNLY					
CURRENT SCH	OOL/DEPARTMENT	"S APPROVAL					
Signature:		Full name: _			Date:		
EXPECTED SCI	HOOL/DEPARTMEN	T'S APPROVAL					
Signature:		Full name: _			Date:		
SECTION TO BE COMPLETED BY OUAA					OFFICE USE ONLY		
Received by:					Processed by	Process date	
Date of receipt	:						
Date of respons	se:						