

## Change of Tracks

**Student Name:** \_\_\_\_\_

**Current Term:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_

**Name of EPD Academic Mentor:** \_\_\_\_\_

**Current Track:** Healthcare Engineering Design/Computer Engineering/Robotics/Mechanical Engineering/Electrical Engineering/Self-directed (*Please circle 1 track only*)

**New Track:** Healthcare Engineering Design/Computer Engineering/ Robotics/Mechanical Engineering/Electrical Engineering/Beyond Industry 4.0/Self-directed (*Please circle 1 track only*)

**Reasons:**

\_\_\_\_\_

**Have you fulfilled the prerequisites for your new choice of Track?** (Yes/No)

**Have you taken any course outside your new track?** (Yes/No)

*If yes, kindly attach the Change of Track form.*

\_\_\_\_\_  
Student Name & Signature  
Date:

**Approved by:**

\_\_\_\_\_  
Track Lead Name & Signature

\_\_\_\_\_  
Prof. Chua Chee Kai  
Head of Pillar

Date:

Date: