APPEAL FOR CHANGE OF UNIVERSITY FORM

INSTRUCTIONS:
• Students are to take note that this appeal is subject to review by OGEM.
• Successful appeal is at the sole discretion of OGEM.
• This appeal can only be made after you have received a placement from OGEM.
• A student can only change university once. Thereafter, the student will be disqualified from further appeals. Please consider your choice carefully before submission.
• Submit this form in person to the GEM Office between 9.30am – 12.30pm.
• You will hear from us within 10 working days from the date of submission. Incomplete appeal submission will not be considered.
• Only applicable to fee-paying universities.
• We will only consider appeal under strong reason.

Section 1:
Name: _______________________________ Matriculation No: _______________________________

NTU School: _______________________________________________________________________

Mobile No: _________________________ NTU Email: _________________________________

AY/Semester Allocated: ____________________________

I would like to appeal to change my GEM Discoverer placement to the following university:

From: _______________________________ To: _________________________________

Signature: ___________________________ Date: ________________________________
Reason:

- Course Matching issues (Please attach supporting documents)
- Medical
  - Attach a letter from a physician certifying that the student is unfit to participate in the programme.
- Host University’s course capacity is full
- Visa Issue
- Others (Any supporting documentation must be attached to this form)
  Please explain: ________________________________________________________________
 __________________________________________________________________________
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MODE OF SUBMISSION:

Print the completed form and submit it with supporting document (if any) personally from Mondays to Fridays (except Public Holidays) between 930am and 1230pm to the following address.

GEM Discoverer
Office of Global Education & Mobility
Nanyang Technological University
42 Nanyang Avenue (Behind Student Services Centre, Level 2)
Singapore 639801

Forms submitted via mail and email will not be processed.
Section 2 (Official Use Only):

Team Head recommendation (please choose one):

☐ Approve
☐ Reject

Name & Signature: _________________________________   Date: __________

| Received Date | __________________________________________ |
| Removed from system (Date) | __________________________________________ |
| Host University notified (Date) | __________________________________________ |
| Student notified (Date) | __________________________________________ |