



The University of Fiji

REQUEST FOR CHANGE OF PROGRAMME

Student ID number:

PERSONAL DETAILS

Last Name:

First Name:

Middle Name:

Date of Birth:

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Address:

Telephone:

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Fax:

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Email:

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CURRENT PROGRAMME

Current Programme:

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Current Majors:

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Current Minors:

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NEW PROGRAMME

New Programme:

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New Majors:

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New Minors:

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(If sponsored, written approval from Sponsor must be attached to this form before the change can be approved)

I accept full responsibility for the consequences of changing my programme and agree to be bound by the regulations of the new programme.

Student's signature: _____

Date: _____

FOR OFFICIAL USE

Is approval from the sponsor attached? Yes No Not Applicable

Recommendation:

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Student Academic Services: Signature: _____

Date: _____

Is the change of programme approved? Yes No

Comments:

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Dean of School: Signature: _____

Date: _____

Computer Update Initial: _____

Date: _____

Verified: _____

Date: _____