



REQUEST FOR CHANGE OF PROGRAMME

Student ID number:

PERSONAL DETAILS

Last Name:	First Name:	Middle Name:	Date of Birth:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal Address:	Telephone:
<input type="text"/>	<input type="text"/>
<input type="text"/>	Fax:
<input type="text"/>	Email:
<input type="text"/>	<input type="text"/>

CURRENT PROGRAMME

Current Programme:

Current Majors:	<input type="text"/>
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Current Minors:	<input type="text"/>
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NEW PROGRAMME

New Programme:

New Majors:	<input type="text"/>
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New Minors:	<input type="text"/>
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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: _____

Student Academic Services: Signature: _____ Date: _____

Is the change of programme approved? Yes No

Comments: _____

Dean of School: Signature: _____ Date: _____

Computer Update Initial: _____ Date: _____

Verified: _____ Date: _____