



DIIVISION OF ACADEMIC AFFAIRS (ADMISSIONS UNIT)

2018/2019 ACADEMIC SESSION CHANGE OF FACULTY/SCHOOL OR DEPARTMENT

Here are the details of your change of course application. Print out and proceed to admissions office with photocopies of relevant documents.

Matric Number:

SECTION A

FIRST NAME:

SURNAME:

MIDDLE NAME:

FORMER SURNAME:

CURRENT FACULTY:

CURRENT LEVEL OF COURSE:

CURRENT AWARD IN VIEW:

REASON FOR CHANGE:

PROPOSED FACULTY/SCHOOL:

PROPOSED DEPARTMENT:

NEW LEVEL OF COURSE:

PHONE NUMBER:

2. ACADEMIC RECORD

NAME OF EXAMINATION	YEAR OF EXAMINATION	EXAMINATION NUMBER	DETAILED RESULT

UNIVERSITY EXAMINATION RESULTS

Applicants are to attach up-to-date statement of semester examination results including the CGPA per semester as issued by the Examinations and records office or Head of Department.

Applications unaccompanied by these documents will not be processed under any circumstance whatsoever.

DECLARATION

Ihereby declare that the information supplied in this form is to the best of my knowledge and belief true and correct. I am aware that any false or incomplete information given in this form automatically disqualifies me from being considered for a change of course/degree programme and that such application are not permitted and will therefore not be processed.

Signature:

Date:

Applicant

SECTION B:

(To be completed by the guidance counsellor)

I have considered the student's request above and after counselling, agreed that the change will be beneficial to him/her.

Signature

Date

SECTION C:

(To be completed at the admissions office)

Date of Receipt of Application:

Name of Receiving Officer:

Rank:

SECTION D:

(To be completed by the Releasing Faculty)

5. RECOMMENDATION OF HEAD OF DEPARTMENT AND THE DEAN OF THE RELEASING FACULTY:

Releasing Head of Department and the Dean should please note that students who have been asked to withdraw from one Faculty CANNOT transfer to any other Faculty within the University.

Comment of the Head of Department: - **The Student is released/not released**

Signature:

Date:

Stamp of the Department:

Comment of the Dean: **APPROVED/NOT APPROVED**

Signature:

Date:

Stamp of Faculty:

SECTION E:

RECOMMENDATION OF THE PROPOSED/ACCEPTING FACULTY DEAN

Accepting Faculties should please note that students cannot be admitted into part I of any programme under Change of Course/Degree Programme arrangement.

Comment of the head of Department: **The Student is ACCEPTED/not ACCEPTED**

The student is recommended for admission to part of programme in the Department of.....

.....
Signature of Accepting Head of Department

.....
Date

Stamp of Department

Comment of Dean: **APPROVED/NOT APPROVED**

Signature:

Date:

Stamp of Faculty