



APPLICATION FOR CHANGE OF STUDY CENTRE

SEMESTER: _____ SESSION: _____

APPLICANT'S GENERAL INFORMATION

1. Name:	2. Matric No.:
3. Mailing Address:	4. Telephone Home: Office: Mobile:
	5. E-mail :
6. Programme:	8. Mode of Study: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
7. Current Study Centre :	9. New Study Centre:
10. Reasons for Change of Study Centre: (Please use additional paper if necessary)	
11. Applicant's Signature:	Date:

APPROVAL BY DEAN OF ACADEMIC

Approved

Rejected

Update status:

Signature and Stamp : _____
Name : _____

Date : _____