

CHANGE OF MAJOR/DEGREE FORM

PART I: TO BE COMPLETED BY THE STUDENT

Student Name: Student ID:

Old Major	New Major
Old Degree <input type="radio"/> BACHELOR <input type="radio"/> MASTER	New Degree <input type="radio"/> BACHELOR <input type="radio"/> MASTER

Please state your reasons for major/degree change:

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Student Signature: Date:

PART II: TO BE COMPLETED BY APPROPRIATE ACADEMIC ADMINISTRATORS AND FACULTY MEMBER PRIOR TO ADMINISTERING THE EXAMINATION

<p>RECOMMENDED BY THE HEAD OF THE DEPARTMENT – OLD MAJOR</p> <p>Head of Department Signature Date</p> <p>If <u>not</u> recommended state the reason:</p>	<p>YES <input type="radio"/> NO <input type="radio"/></p>
<p>RECOMMENDED BY THE HEAD OF THE DEPARTMENT – NEW MAJOR</p> <p>Head of Department Signature Date</p> <p>If <u>not</u> recommended state the reason:</p>	<p>YES <input type="radio"/> NO <input type="radio"/></p>
<p>CHANGE OF MAJOR SIGNED BY THE UNIVERSITY REGISTRAR</p> <p>Director of Academic Affairs Signature Date</p>	<p>YES <input type="radio"/> NO <input type="radio"/></p>
<p>RECOMMENDED BY THE ADMISSIONS DEPARTMENT – THIS SIGNATURE IS REQUIRED IF THE STUDENT IS ON SCHOLARSHIP</p> <p>Head of Department Signature Date</p> <p>If <u>not</u> recommended state the reason:</p>	<p>YES <input type="radio"/> NO <input type="radio"/></p>