**NNAMDI AZIKIWE UNIVERSITY, AWKA**

**SCHOOL OF POSTGRADUATE STUDIES**

**APPLICATION FOR CHANGE OF MODE OF STUDY**

 (*To be completed by student who wishes to change his/her mode of study*)

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| **Department:** |  |
| **Faculty:** |  |

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| --- | --- |
| **Session:** |  |
| **Reg. No.** |  |

1. **STUDENT’S DETAILS:**

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| --- | --- | --- |
|  | **Name:** |  |
|  | (Surname) | (Other Names) |
|  | **Phone Number:** |  | Email: |
|  | **Permanent Address:** |  |
|  | **Degree or Diploma in View:** |  |
|  | **Mode of Study:** | **Full Time:**

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| 1. | NAME IN FULL (SURNAME FIRST): |  |
|  2. | PHONE NUMBER AND EMAIL ADDRESS: |  |
| 3. | PERMANENT HOME ADDRESS:  |  |
|  |  |
| 4. | CORRESPONDENCE ADDRESS: |  |
|  |  |
| 5. | DATE OF BIRTH: |  |
| 6. | AGE AS AT LAST BIRTHDAY: |  |
| 7. | SPONSORSHIP: | 1. Name of Sponsor:
 |  |
|  |  | 1. Address of Sponsor:
 |  |
| 8. | QUALIFICATION: | Degree/Qualification Obtained: |
|  |  | **University** | **Degree** | **Course** | **Class of Certificate** | **Date** |
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| 9. | OTHER QUALIFICATIONS: | (State subject, year, class of degree and University/Institution) |
|  |  | **Institutions** | **Certificate Obtained** | **Course/Subject****Area of Specialization** | **Class of Certificate** | **Date** |
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| 10. | COURSE APPLIED FOR: |  |
| 11. | DEPARTMENT: |  |
| 12. | FACULTY: |  |
|  |  |  |
|  |  | Signature of Applicant | Date |

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| 11. | DEPARTMENT: |  |
| 12. | FACULTY: |  |
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|  |  | Signature of Applicant | Date |

 | **Part Time:**

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|  |  | **Institutions** | **Certificate Obtained** | **Course/Subject****Area of Specialization** | **Class of Certificate** | **Date** |
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|  |  | Signature of Applicant | Date |

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| 11. | DEPARTMENT: |  |
| 12. | FACULTY: |  |
|  |  |  |
|  |  | Signature of Applicant | Date |

 |
|  | **Expected Year of Graduation** |  |
|  |  |  |
| 10. | **Present Semester:** |  | Session |

1. **CHANGE OF MODE OF STUDY:**

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|  | **Mode of Study on Admission:** |  |
|  | **New Mode of Study:** |  |
|  | **Reason(s) for Change of Mode of Study:** |  |
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**RECOMMENDATIONS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | YES | NO | Remarks | Sign | Date |
| Supervisor: |  |  |  |  |  |
| Head of Department |  |  |  |  |  |

**CLEARANCE**

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| Finance Officer, SPGS |  |  |  |  |  |

**APPROVAL**

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| Dean, SPGS |  |  |  |  |  |

**FOR OFFICE USE ONLY: SECRETARY SPGS**