

NNAMDI AZIKIWE UNIVERSITY, AWKA
SCHOOL OF POSTGRADUATE STUDIES
APPLICATION FOR CHANGE OF DEPARTMENT (PROSPECTIVE STUDENT)
(To be completed by prospective student who wishes to change his/her department)

Department: _____
Faculty: _____

Session: _____
Form. No. _____

(A) STUDENT'S DETAILS:

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

(B) CHANGE OF DEPARTMENT:

- Department on Application:** _____
- Proposed New Department:** _____
- Reason(s) for Change of Department:** _____

CLEARANCE

Finance Officer, SPGS			Confirmation of Payment for Change of Department: ₦5,000		
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APPROVAL

Dean, SPGS					
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FOR OFFICE USE ONLY: SECRETARY SPGS

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