

NNAMDI AZIKIWE UNIVERSITY, AWKA

SCHOOL OF POSTGRADUATE STUDIES

APPLICATION FOR CHANGE OF MODE OF STUDY (PROSPECTIVE STUDENT)

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

Department: _____
 Faculty: _____

Session: _____
 Form. No. _____

(A) STUDENT'S DETAILS:

1. Name: _____

(Surname)
(Other Names)
2. Phone Number: _____ Email: _____
3. Permanent Address: _____
4. Degree or Diploma in View: _____
5. Mode of Study on application: Full Time: Part Time:

(B) CHANGE OF MODE OF STUDY:

6. Mode of Study on Application: _____
7. New Mode of Study: _____
8. Reason(s) for Change of Mode of Study: _____

CLEARANCE					
Finance Officer, SPGS			Confirmation of payment for change of mode of study: ₦5,000		

Approval					
Dean, SPGS					

FOR OFFICE USE ONLY: SECRETARY SPGS
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