NNAMDI AZIKIWE UNIVERSITY, AWKA

SCHOOL OF POSTGRADUATE STUDIES

APPLICATION FOR CHANGE OF AREA OF SPECIALIZATION (PROSPECTIVE STUDENT)

(*To be completed by prospective student who wishes to change his/her area of specialization*)

Department: _____ **Session:** _____

Faculty: _____ **Semester:** _____

(A) STUDENT'S DETAILS:

1. **Name:** _____
   (Surname) (Other Names)
2. **Form Number:** _____
3. **Phone Number:** _____ Email: _____
4. **Permanent Address:** _____
5. **Degree or Diploma in View:**
6. **Mode of Study** **Full Time:** ☐ **Part Time:** ☐

(B) CHANGE OF AREA OF SPECIALIZATION:

7. **Area of Specialization on Application:** _____
8. **New Area of Specialization:** _____
9. **Reason(s) for Change of Area of Specialization:** _____

_____

_____

CLEARANCE

Finance Officer, SPGS			Confirmation of Payment for **Change of Area of Specialization**: ₦2,000		

APPROVAL

Dean, SPGS					

FOR OFFICE USE ONLY: SECRETARY SPGS