NNAMDI AZIKIWE UNIVERSITY, AWKA

SCHOOL OF POSTGRADUATE STUDIES

APPLICATION FOR CHANGE OF PROGRAMME (PROSPECTIVE STUDENT)

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

Department: _____ **Session:** _____

Faculty: _____ **Form. No.** _____

(A) STUDENT'S DETAILS:

1. **Name:** _____
   (Surname) (Other Names)
2. **Phone Number:** _____ Email: _____
3. **Permanent Address:** _____
4. **Degree or Diploma in View:** _____

(B) CHANGE OF MODE OF STUDY:

5. **Programme on Application:** _____
6. **New Programme:** _____
7. **Reason(s) for Change of Programme:** _____

_____

_____

CLEARANCE

Finance Officer, SPGS			Confirmation for change of Programme: ₦5,000		

Approval

Dean, SPGS					

FOR OFFICE USE ONLY: SECRETARY SPGS