**NNAMDI AZIKIWE UNIVERSITY, AWKA**

**COLLEGE OF POSTGRADUATE STUDIES**

**APPLICATION FOR CHANGE OF DEPARTMENT**

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

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

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

1. **STUDENT’S DETAILS:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name:** | |  | | | | | | | | | |
|  | (Surname) | | | | | | | | | (Other Names) | | |
|  | **Phone Number:** | | | |  | | | | | | | Email: |
|  | **Permanent Home Address:** | | | | | |  | | | | | |
|  | **Degree or Diploma in View:** | | | | | | | |  | | | |
|  | **Mode of Study:** | | | **Full Time:**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 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** | | |  |  | | |  | | | | | | | |  | | |  | |  | |  | | |  |  | | |  | | | | | | | |  | | |  | |  | |  | | |  |  | | |  | | | | | | | |  | | |  | |  | |  | | |  |  | | |  | | | | | | | |  | | |  | |  | |  | | |  |  | | |  | | | | | | | |  | | |  | |  | |  | | |  |  | | |  | | | | | | | | | | | | | | | | | | 9. | OTHER QUALIFICATIONS: | | | | (State subject, year, class of degree and University/Institution) | | | | | | | | | | | | | | | | |  |  | | | **Institutions** | | | | | **Certificate Obtained** | | | | **Course/Subject**  **Area of Specialization** | | | **Class of Certificate** | | **Date** | | | |  |  | | |  | | | | |  | | | |  | | |  | |  | | | |  |  | | |  | | | | |  | | | |  | | |  | |  | | | |  |  | | |  | | | | |  | | | |  | | |  | |  | | | |  |  | | |  | | | | |  | | | |  | | |  | |  | | | |  |  | | |  | | | | |  | | | |  | | |  | |  | | | | 10. | COURSE APPLIED FOR: | | | | | | |  | | | | | | | | | | | | | | 11. | DEPARTMENT: | |  | | | | | | | | | | | | | | | | | | | 12. | FACULTY: |  | | | | | | | | | | | | | | | | | | | |  |  |  | | | | | | | | | | | | | | | | | | | |  |  | Signature of Applicant | | | | | | | | | | | | Date | | | | | | | | 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** | |  |  | | |  | | | | | | | |  | | |  | |  | |  | |  |  | | |  | | | | | | | |  | | |  | |  | |  | |  |  | | |  | | | | | | | |  | | |  | |  | |  | |  |  | | |  | | | | | | | |  | | |  | |  | |  | |  |  | | |  | | | | | | | |  | | |  | |  | |  | |  |  | | |  | | | | | | | | | | | | | | | | | 9. | OTHER QUALIFICATIONS: | | | | (State subject, year, class of degree and University/Institution) | | | | | | | | | | | | | | | |  |  | | | **Institutions** | | | | | **Certificate Obtained** | | | | **Course/Subject**  **Area of Specialization** | | | **Class of Certificate** | | **Date** | | |  |  | | |  | | | | |  | | | |  | | |  | |  | | |  |  | | |  | | | | |  | | | |  | | |  | |  | | |  |  | | |  | | | | |  | | | |  | | |  | |  | | |  |  | | |  | | | | |  | | | |  | | |  | |  | | |  |  | | |  | | | | |  | | | |  | | |  | |  | | | 10. | COURSE APPLIED FOR: | | | | | | |  | | | | | | | | | | | | | 11. | DEPARTMENT: | |  | | | | | | | | | | | | | | | | | | 12. | FACULTY: |  | | | | | | | | | | | | | | | | | | |  |  |  | | | | | | | | | | | | | | | | | | |  |  | Signature of Applicant | | | | | | | | | | | | Date | | | | | | | | | | | | | **Part Time: Online:**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 1. | 1. | NAME IN FULL (SURNAME FIRST): | | | | | |  | | | | | | | | | | | | | | | 2. | 2. | PHONE NUMBER AND EMAIL ADDRESS: | | | | | | | | | |  | | | | | | | | | | | 3. | 3. | PERMANENT HOME ADDRESS: | | | | | | |  | | | | | | | | | | | | | |  |  |  | | | | | | | | | | | | | | | | | | | | | 4. | 4. | CORRESPONDENCE ADDRESS: | | | | |  | | | | | | | | | | | | | | | |  |  |  | | | | | | | | | | | | | | | | | | | | | 5. | 5. | DATE OF BIRTH: | | |  | | | | | | | | | | | | | | | | | | 6. | 6. | AGE AS AT LAST BIRTHDAY: | | | |  | | | | | | | | | | | | | | | | | 7. | 7. | SPONSORSHIP: | | | 1. Name of Sponsor: | | | | | |  | | | | | | | | | | | |  |  |  | | | 1. Address of Sponsor: | | | | | | |  | | | | | | | | | | | 8. | 8. | QUALIFICATION: | | | Degree/Qualification Obtained: | | | | | | | | | | | | | | | | | |  |  |  | | | **University** | | | | | | | | **Degree** | | | **Course** | | **Class of Certificate** | | **Date** | | |  |  |  | | |  | | | | | | | |  | | |  | |  | |  | | |  |  |  | | |  | | | | | | | |  | | |  | |  | |  | | |  |  |  | | |  | | | | | | | |  | | |  | |  | |  | | |  |  |  | | |  | | | | | | | |  | | |  | |  | |  | | |  |  |  | | |  | | | | | | | |  | | |  | |  | |  | | |  |  |  | | |  | | | | | | | | | | | | | | | | | | 9. | 9. | OTHER QUALIFICATIONS: | | | | (State subject, year, class of degree and University/Institution) | | | | | | | | | | | | | | | | |  |  |  | | | **Institutions** | | | | | **Certificate Obtained** | | | | **Course/Subject**  **Area of Specialization** | | | **Class of Certificate** | | **Date** | | | |  |  |  | | |  | | | | |  | | | |  | | |  | |  | | | |  |  |  | | |  | | | | |  | | | |  | | |  | |  | | | |  |  |  | | |  | | | | |  | | | |  | | |  | |  | | | |  |  |  | | |  | | | | |  | | | |  | | |  | |  | | | |  |  |  | | |  | | | | |  | | | |  | | |  | |  | | | | 10. | 10. | COURSE APPLIED FOR: | | | | | | |  | | | | | | | | | | | | | | 11. | 11. | DEPARTMENT: | |  | | | | | | | | | | | | | | | | | | | 12. | 12. | FACULTY: |  | | | | | | | | | | | | | | | | | | | |  |  |  |  | | | | | | | | | | | | | | | | | | | |  |  |  | Signature of Applicant | | | | | | | | | | | | Date | | | | | | | | 1. | 1. | NAME IN FULL (SURNAME FIRST): | | | | | |  | | | | | | | | | | | | | | 2. | 2. | PHONE NUMBER AND EMAIL ADDRESS: | | | | | | | | | |  | | | | | | | | | | 3. | 3. | PERMANENT HOME ADDRESS: | | | | | | |  | | | | | | | | | | | | |  |  |  | | | | | | | | | | | | | | | | | | | | 4. | 4. | CORRESPONDENCE ADDRESS: | | | | |  | | | | | | | | | | | | | | |  |  |  | | | | | | | | | | | | | | | | | | | | 5. | 5. | DATE OF BIRTH: | | |  | | | | | | | | | | | | | | | | | 6. | 6. | AGE AS AT LAST BIRTHDAY: | | | |  | | | | | | | | | | | | | | | | 7. | 7. | SPONSORSHIP: | | | 1. Name of Sponsor: | | | | | |  | | | | | | | | | | |  |  |  | | | 1. Address of Sponsor: | | | | | | |  | | | | | | | | | | 8. | 8. | QUALIFICATION: | | | Degree/Qualification Obtained: | | | | | | | | | | | | | | | | |  |  |  | | | **University** | | | | | | | | **Degree** | | | **Course** | | **Class of Certificate** | | **Date** | |  |  |  | | |  | | | | | | | |  | | |  | |  | |  | |  |  |  | | |  | | | | | | | |  | | |  | |  | |  | |  |  |  | | |  | | | | | | | |  | | |  | |  | |  | |  |  |  | | |  | | | | | | | |  | | |  | |  | |  | |  |  |  | | |  | | | | | | | |  | | |  | |  | |  | |  |  |  | | |  | | | | | | | | | | | | | | | | | 9. | 9. | OTHER QUALIFICATIONS: | | | | (State subject, year, class of degree and University/Institution) | | | | | | | | | | | | | | | |  |  |  | | | **Institutions** | | | | | **Certificate Obtained** | | | | **Course/Subject**  **Area of Specialization** | | | **Class of Certificate** | | **Date** | | |  |  |  | | |  | | | | |  | | | |  | | |  | |  | | |  |  |  | | |  | | | | |  | | | |  | | |  | |  | | |  |  |  | | |  | | | | |  | | | |  | | |  | |  | | |  |  |  | | |  | | | | |  | | | |  | | |  | |  | | |  |  |  | | |  | | | | |  | | | |  | | |  | |  | | | 10. | 10. | COURSE APPLIED FOR: | | | | | | |  | | | | | | | | | | | | | 11. | 11. | DEPARTMENT: | |  | | | | | | | | | | | | | | | | | | 12. | 12. | FACULTY: |  | | | | | | | | | | | | | | | | | | |  |  |  |  | | | | | | | | | | | | | | | | | | |  |  |  | Signature of Applicant | | | | | | | | | | | | Date | | | | | | | |
|  | **Expected Year of Graduation:** | | | | | | |  | | | | |
|  |  |  | | | | | | | | | | |
| 10. | **Present Semester:** | | | | |  | | | | | | |

1. **CHANGE OF DEPARTMENT:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 11. | **Department on Admission:** | |  | |
| 12. | **Proposed Department:** |  | | |
| 13. | **Reason(s) for Change of Department:** | | |  |
|  |  | | | |

**RECOMMENDATIONS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | YES | NO | Remarks | Sign | Date |
| Supervisor: |  |  |  |  |  |
| Head of Current Department |  |  |  |  |  |
| Dean of Current Faculty |  |  |  |  |  |
| Head of Proposed Department |  |  |  |  |  |
| Dean of Proposed Faculty |  |  |  |  |  |

**CLEARANCE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Finance Officer, CPGS |  |  | Confirmation of Payment for **Change of Department**: 5,000 |  |  |

**APPROVAL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Provost, CPGS |  |  |  |  |  |

**FOR OFFICE USE ONLY: SECRETARY, CPGS**