

School of Campus

APPLICATION FOR CHANGE OF CURRICULUM

Completed forms to be handed to the College Office within one week after lectures have commenced

Surname:..... First Names:.....

Student No:..... Telephone No:.....

E-mail Address:..... Cellular No:.....

Qualification:.....Programme/Major:..... Year of study:.....

WITHDRAWAL from modules:

Module code	Sem	Module name	Credit Points	Module rep's Signature

Please refer to the University fee booklet for appropriate refunds for cancellations.

REGISTRATION for modules

Module code	Sem	Module name	Credit Points	Module rep's Signature

Signature of Applicant: Date:

Recommendations/comments of Programme Coordinator:

.....
Signature Date:

Decision of Academic Leader: Teaching and Learning

.....
Signature:..... Date:

Any further comments by Academic Leader: Teaching and Learning (*For Tracking Purposes*)

Date	Comment	Signature

Decision of Academic Leader: Teaching and Learning

Signature:..... *Date:*

Name of data capturer	Date	Signature