

UNIVERSITY OF IRINGA



CHANGE OF PROGRAMME REQUEST FORM

(To be filled in duplicate)

1. Personal Information

Surname: _____ First Name _____ Middle Name _____

Mobile No: _____ Email address(s): _____

Current Programme Information

New Programme Information

Faculty _____

Faculty _____

Department _____

Department _____

Programme _____

Programme _____

Specialty _____

Specialty _____

2. Reasons for Change of Programme

Date of Application _____ Signature _____

For OFFICIAL USE ONLY (Authorization for Change of Programme)

3. Admissions Officer (Please confirm the minimum entry requirements for the candidate request)

Name _____ Signature _____ Date _____

4. Recommendations by the Head of Department

Name _____ Signature _____ Date _____

5. Recommendations by the Dean of Faculty

Name _____ Signature _____ Date _____

6. Recommendations by the Director of Postgraduate Studies, Research, and Consultancy (for postgraduate students only)

Name _____ Signature _____ Date _____

7. Approval by the DVC ARC

Name _____ Signature _____ Date _____

Copy to file
Dean Faculty _____ Head of Department _____ Admission Officer _____ Dean of Students _____ SAMIS Admin _____