**Academic Change Request Form**

**Mode of Study**

**Date: ............................**

**Student Name: ................................................ Student No. ....................................**

|  |  |
| --- | --- |
| **From** | **To** |
|  |  |

**Reasons for Change (Please attach a letter of request)**

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**Student Signature: .............................................................................**

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*Please Note: The remainder of this Form is to be completed by Majan University College Staff*

**Approved by: Deputy Dean /Head of Faculty**

**Approved: Yes / No**

**Name: ....................................................... Initials: .........................**

**Date: ..........................................**

**Completed Form received by Registry Staff**

**Name........................................................... Initials: .........................**

**Date: .............................................**