**Academic Change Request Form**

**Programme Change**

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

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

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

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

................................................................................................................................

................................................................................................................................

................................................................................................................................

................................................................................................................................

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

**-------------------------------------------------------------------------------------------------**

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

**Approved by: Associate Dean / Head of Faculty Approved: Yes / No**

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

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

**Completed Form received by Registry Staff**

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

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