



# APPLICATION FOR CHANGE OF STUDY STATUS

SEMESTER: \_\_\_\_\_ SESSION: \_\_\_\_\_

## APPLICANT'S GENERAL INFORMATION

1. Name:	2. Matric No.:
3. Mailing Address:	4. Telephone Home: Office: Mobile:
	5. E-mail:
6. Programme:	7. Centre:
8. Current Mode of Study: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	9. New Mode of Study: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
10. Reasons for Change of Status: (Please use additional paper if necessary)	
11. Applicant's Signature:	Date:

## APPROVAL BY DIRECTOR OF POSTGRADUATE STUDIES UNIT

Approved  Rejected   
Update status:

Signature and Stamp: \_\_\_\_\_ Date: \_\_\_\_\_

Name : \_\_\_\_\_