

***APPLICATION TO CHANGE FROM ONE FACULTY/ACADEMIC PROGRAM/PLAN TO ANOTHER***

***This form needs to be submitted to your Faculty’s Student Administration NB. This application should be accompanied by*:**

1. A complete explanation of the program/plan you want to follow.
2. *A motivation why you intend taking this program/plan.*

*STUDENT NUMBER:* ................................................................... *TITLE: .................................*

*LAST NAME:* .................................................................................... *INITIALS:* ...............................

*POSTAL ADDRESS*: .................................................................................................................................................

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*PRESENT ACADEMIC PROGRAM/PLAN:* .....................................................................................................................................

*ACADEMIC PROGRAM/PLAN YOU INTEND TO STUDY:* ............................................................................................................

*SEMESTER/YEAR YOU INTEND TO START WITH THIS STUDY: YEAR:*

SEMESTER:

*HAVE YOUR STUDIES BEEN TERMINATED BY ANOTHER FACULTY? YES/NO*

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| ***GRADE 12 RESULTS*** |  | ***AP score*:** |  |
| *Subjects*: | *Percentage:* | *Subjects*: | *Percentage:* |

*Modules for new academic programme/plan:*

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| ***CODE*** | ***DESCRIPTION*** |
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| ***Cancel Courses (codes only)*** | |
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*Should my application to transfer be successful, I hereby confirm that I am aware that the same stipulations that were applicable to my registration for the previous field of study will also be applicable to the new field of study and I confirm that I will adhere to it.*

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

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*Recommendation HOD/Program Manager: ............................................ Date: ..........................................................................*

*Accepted/Not accepted: for Dean* .................................................... *Date:* ..........................................................................

*Conditions for admittance*: .........................................................................................................

**NB**: *For more information about how the University uses personal information, please visit our* [*Privacy Notice.*](https://www.up.ac.za/iGaPP-programme/article/2820091/student-privacy-notice)

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| ***APPLICATION FOR CREDIT FOR COURSES PASSED IN THE PREVIOUS*** | | | | | ***EXPLANATION OF COURSES FOR THE PROPOSED ACADEMIC***  ***PROGRAM/PLAN*: (second & third years)** | | | |
| **Course** | | **Cr** | **Module/ Course** | **Cr** | **Module/ Course** | **Cr** | **Module/ Course** | **/Cr** |
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| ***EXPLANATION OF MODULES FOR THE PROPOSED PROGRAM/PLAN*:** | | | | |  |  |  |  |
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| **(first year of study)** | | | | |  |  |  |  |
| **Module/ Course** | **Cr** | | **Module/ Course** | **Cr** |  |  |  |  |
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