**UNIVERSITY OF PRETORIA**

**FACULTY OF HEALTH SCIENCES**

**APPLICATION TO CHANGE FROM ONE TRACK / PROGRAMME TO ANOTHER WITHIN SHSPH**

***This form must be submitted to the APC (******shsph\_apc@up.ac.za*** ***) ONE week before next meeting***

***(Refer to SHSPH meeting dates)***

*NB: This application should be accompanied by a motivation why you intend taking this course as well as a full academic record.*

*STUDENT NUMBER:* ……………………………………………………………………………………………………………..…………..…………..

*TITLE, INITIALS AND SURNAME*: …………………………………………………………………………………………………………………….

*CURRENT PROGRAMME:* ………………………………………………………………………………………………………………………………

*PROGRAMME YOU INTEND TO STUDY: ………………………………………………………………………………………………………..*

*YEAR YOU INTEND TO START WITH THIS STUDY:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Modules for new programme:*

*(Maximum 50% credits of new programme - please prioritize modules with top marks)*

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| --- | --- | --- | --- |
| *CODE* | *DESCRIPTION*  | *MARK* | *CODE IN NEW PROGRAMME* |
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| *(MPH to DPH = 60 credits)* |  |  |

Signature of student: ……………………………………………………..……………………….…….. *Date:* .………………..

Signature of current supervisor / module coordinator: ……………………………..….…… *Date:* …………….……

Signature of new supervisor/ module coordinator: …………………………………….……….. *Date:* ………….………

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*Approval by APC Chairperson: ……………………………………………………………………………. Date: ……………………*

*Recommendation: Head of Department ……..…………………………..………………….……… Date: ….…………………*

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

*Conditions for admittance:* ………………………………………………………………………………………………………………………………

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