



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:

..... TEL:

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

GRADE 12 RESULTS

Subjects: Percentage:

_____	_____
_____	_____
_____	_____

AP score:

Subjects: Percentage:

_____	_____
_____	_____
_____	_____

Modules for new academic programme/plan:

CODE	DESCRIPTION

Cancel Courses (codes only)	

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:**

Recommendation HOD/Program Manager: Date:

Accepted/Not accepted: for Dean Date:

Conditions for admittance:

