UNIVERSITY OF PRETORIA

FACULTY OF ……..

CHANGE OF COURSE(S)

This form must be submitted to your Faculty's student administration./Consult your Faculty for the final date for changes and discontinuations.

STUDENT NUMBER:											
LAST NAME:									*INITIALS:*		
ACADEMIC PROGRAM:									*ACADEMIC YEAR*		

*COURSE(S) TO BE **REMOVED/DISCONTINUED***								*COURSE(S) TO BE **ADDED***									
CODE							MODULE(S)/ *COURSE(S)*	*CODE*							N/*E*	MODULE(S)/ COURSE(S) **(A/*E*)**
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STUDENT: _____ ***DATE*:** _____

***OFFICIAL*:** _____ ***DATE*:** _____

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***DATE*:** _____

STUDENT: _____

***OFFICIAL*:** _____ ***DATE*:** _____

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