AMENDMENT FORM
CHANGING QUALIFICATION OR MODE OF STUDIES / ADDING OF COURSES
(FULL- AND PARTTIME ONLY)

STUDENT NUMBER: ____________________________
QUALIFICATION REGISTERED FOR: ____________________________
SURNAME AND INITIAL(S): ____________________________
EMAIL ADDRESS: ____________________________
TELEPHONE NUMBER: ____________________________

CHANGE OF STUDY PROGRAMME

DEADLINE: 28 FEBRUARY 2020 – KINDLY NOTE THAT CHANGES OF PROGRAMME IS SUBJECT TO AVAILABLE SPACES IN THE PROGRAMME.

<table>
<thead>
<tr>
<th>Name of PROGRAMME registered for currently:</th>
<th>PROGRAMME CODE</th>
<th>MODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of PROGRAMME changing to:</td>
<td>PROGRAMME CODE</td>
<td>MODE</td>
</tr>
</tbody>
</table>

Head of Department (full name):………………………………………………………… Signature: ........................................ Date:...........................

Approved: [ ] Not Approved: [ ] Reason (if any):………………………………………………………………………………………………………………

CHANGING MODE OF STUDIES / ADDING OF COURSES

DEADLINE: 28 FEBRUARY 2020

Changing mode of studies: This form makes provision for changing of courses from distance to full- and part-time, or from full-time to part-time and vice versa depending on the availability of spaces in classes.

Adding of courses: Kindly note that you can add or cancel courses on the Student Kiosk. This form should be used ONLY if the course is not available for selection on the Student Kiosk.

Changing mode of studies of a course from full- or part-time to distance or applying for a course on distance is done by the Centre of Open and Lifelong Learning (COLL) only. Success in changing the mode of studies will depend on the availability of Study Material.

Forms are available at COLL.

<table>
<thead>
<tr>
<th>COURSE (SUBJECT) NAME</th>
<th>CODE</th>
<th>MODE OF STUDIES</th>
<th>LECTURER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>FROM</td>
<td>TO</td>
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</tbody>
</table>

STUDENT’S SIGNATURE: ……………………………………………………………………………………………………………………………………………………….. DATE: ……………………………………………………………………………………………………………………………………………………………

For office use only:
Comments from FO (if any)  Type of Discontinuation  Faculty Officer Signature  Date