

AMENDMENT FORM

CHANGING QUALIFICATION OR MODE OF STUDIES / ADDING OF COURSES (FULL- AND PARTIME ONLY)

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

CHANGE OF STUDY PROGRAMME

KINDLY NOTE THAT CHANGES OF PROGRAMME IS SUBJECT TO AVAILABLE SPACES IN THE PROGRAMME.

Name of PROGRAMME registered for currently:		PROGRAMME CODE:	MODE:
Name of PROGRAMME changing to:		PROGRAMME CODE:	MODE:

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

Approved: Not Approved: Reason (if any):.....

CHANGING MODE OF STUDIES / ADDING OF COURSES

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.

COURSE (SUBJECT) NAME	CODE	MODE OF STUDIES		LECTURER	
		FROM	TO	NAME & SURNAME	SIGNATURE

STUDENT'S SIGNATURE: DATE:

For office use only:

Comments from FO (if any)	Type of Discontinuation	Faculty Officer Signature	Date

EMAIL FORM TO facultyofficers@nust.na.