



APPLICATION FOR TRANSFER OF MAJOR

Please read the notes before completing this form.

Please use capital letters

I. PARTICULARS OF STUDENT

- -

I wish to apply for change of major

Student's Signature _____

Application Date _____

/ /

Notes

II. FOR OFFICE USE ONLY

A) COUNTER	_____ _____
B) SCHOOL OF CONTINUING STUDIES	_____ _____
C) SCHOOL OF CONTINUING STUDIES	
D) DIRECTOR'S APPROVAL	
E) IT OFFICE () _____	
F) SCHOOL OF CONTINUING STUDIES S	