

## CHANGE OF COURSE (MODULE) FORM

APPROVAL SIGNATURE

For use only where no change of programme is involved

1	Student	ID Number:						
	Last Nar	me:						
	Forenan	Forenames:						
	Degree (	(e.g. BSc, BA)						
	Program	nme of Study:		Year of Programme 1 2			ramme 1 2 3 4	
	L OFFERING ng School.	NEW COURSE(S)	If you agree to this	request please initial the form.	Keep a copy for your re	cords and pass the	form to the	
	NEW COURSES TO BE TAKEN			(For Part of Term: 1 – Semester 1; 2 – Semester 2; 3 – Semester 1 & 2)				
CRN	<u> </u>	SUBJECT & CO	OURSE CODE	COURSE TITLE	CREDITS	PART OF TERM	I AUTHORISED BY (INITIALS)	
				]				
RELEAS	SING SCHOO	L If you agree to th	nis request please ir	nitial the form. Keep a copy for y	our records and pass th	ne form to the Paren	t School.	
3	COURSES	TO BE DISCO	NTINUED	(For Part of Term	n: 1 – Semester 1; 2 –	Semester 2; 3 – S	Semester 1 & 2)	
CRN		SUBJECT & CO	URSE CODE	COURSE TITLE	CREDITS	PART OF TERM	AUTHORISED BY (INITIALS)	
				]			(IIVITIALS)	
				]				
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					record. Keep a copy fo			

SCHOOL

DATE