



School of ..... Campus:.....

**APPLICATION FOR CHANGE OF CURRICULUM**

Surname:.....First Names:.....

Student No:.....Telephone No:.....

Qualification: ..... Programme:.....Year of Study:.....Semester:.....

**WITHDRAWAL from modules:**

Module Code	Sem	Module Name	Credit Points	Module rep's Signature

*Please refer to the University fee booklet for appropriate refunds for cancellation*

**REGISTRATION for modules:**

Module Code	Sem	Module Name	Credit Points	Module rep's Signature

**Total Number of Credits registered for current Semester:**.....

Date: .....Signature of an applicant:.....

<p>[For official use only] Comments by Academic Leader T&amp;L or designate: ..... Date:.....Signature:.....</p>
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