

UNIVERSITY OF KWAZULU-NATAL
COLLEGE OF HUMANITIES
School of Religion, Philosophy and Classics (incl. Theology and Ethics)

APPLICATION FOR CHANGE OF PROGRAMME

Surname: **First Names:**

Student No: **Telephone No:**..... **Email address:**.....

Qualification: **Year of study:** **Registered (Yes/No):**.....

Request to Change of Programme from:

Request to Change of Programme to:

Please note that the revised initial proposal for the new programme must be attached and submitted together with this form.

Signature of Student: **Date:**

For official Use Only:

Signature by Discipline/ Programme Leader authorizing student to withdraw from the programme:

.....*Date:*.....

Decision by new Discipline/Programme Leader:*Signature:*.....*Date:*.....

Name of Supervisor:

Name of Co-Supervisor:

Decision by Academic Leader of Research:*Signature:**Date:*.....

Captured by School Administrator:*Date:*.....