University of KwaZulu-Natal
College of Humanities

APPLICATION TO CHANGE QUALIFICATION.

STUDENT NO: | | | | | | | | | |

SURNAME: _____

FIRST NAMES: _____ Mr/Mrs/Miss _____

CURRENT Degree/Diploma: _____ **Campus** _____

NEW Degree/Diploma: _____ **Campus** _____

ACADEMIC YEAR of study (1st, 2nd, etc) _____

MAJORS; **1** _____ **2.** _____

Give the REASON for your proposed change.

_____

Addresses to which we can respond -

_____

_____

TERM Tel No: _____ **Cell No:** _____ **E-mail:** _____

STUDENT'S SIGNATURE _____ **DATE:** _____

ACADEMIC LEADER Comments: _____

ACADEMIC LEADER Signature: _____ **DATE:** _____

College Representative: (Change effected on student system by :)

Name: _____ **DATE:** _____

Signature:----------