

REQUEST FOR CHANGE OF PROGRAMME (Undergraduate / Honours)

STUDENT NUMBER								
SURNAME & INITIALS								
CELL PHONE NUMBER								
EMAIL ADDRESS								

Every curriculum code is linked to a qualification code; both are therefore necessary.	
CURRENT QUALIFICATION	
CURRENT QUALIFICATION CODE	
CURRENT CURRICULUM CODE	
CURRENT MODE (full time, part time)	

NEW QUALIFICATION	
NEW QUALIFICATION CODE	
NEW CURRICULUM CODE	
NEW MODE (full time, part time)	

MOTIVATION BY STUDENT REGARDING CHANGE OF PROGRAMME:
SIGNATURE STUDENT:
SUBMIT FORM TO: healthsciences@nwu.ac.za

FOR OFFICE USE:

Requirements for new qualification:

APS: YES NO

Required subjects: YES NO

**Exemption type: Complete exemption
Age exemption
Foreign exemption**

MODULES TO BE REGISTERED:

PASSED MODULES RECOGNIZED:

A	B	C	D	1	1	1	H

A	B	C	D	1	1	1

APPROVED BY FACULTY:

- INITIALS AND SURNAME: _____
- SIGNATURE:

SENIOR / FACULTY ADMINISTRATOR SIGNATURE:

SIGNATURE OF SALA STAFF MEMBER CAPTURED ON SYSTEM: