



APPLICATION FOR CHANGE OF QUALIFICATION

SECTION A: TO BE COMPLETED BY STUDENT

Surname & Initials		Student No	
Degree Programme		Year / Level	
Address			

I HEREBY REQUEST THE FOLLOWING:

1. Change qualification				CODE
From				
To				
2. The following courses/modules passed be recognized for new qualification in terms of Rule A10.1.1 (Turfloop Campus)				
Courses Passed	Year Passed	To be recognized for Curriculum Number	HoD recommendation	Hod Signature
Motivation by student:				
STUDENT SIGNATURE:			DATE:	

SECTION B: TO BE COMPLETED BY FACULTY ADMINISTRATION

Remarks:		
FACULTY ADMINISTRATION:	DATE:	FACULTY STAMP
Remarks:		
DEAN/DIRECTOR:		
DATE:		
Cc: Student Records Residence Administration Financial Aid Office Finance		