

UNIVERSITY OF LIMPOPO



APPLICATION FOR CHANGE/CONVERSION 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. Motivation by student:				
3. The following courses/modules passed be recognized for new qualification in terms of Rule A10.1.1 (Turffloop Campus)				
Courses Passed	Year Passed	To be recognized for Curriculum Number	HoD recommendation	HoD Signature
STUDENT SIGNATURE:			DATE:	

SECTION B: TO BE COMPLETED BY FACULTY ADMINISTRATION

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