



WISCONSIN INTERNATIONAL UNIVERSITY COLLEGE, GHANA

CHANGE OF PROGRAMME REQUEST FORM

(Read the instructions carefully before filling this form)

- | | |
|---|---------------------|
| 1. Name of student: | 1b. Contact Number: |
| 2. I.D Number: | 2b. Level: |
| 3. Current Programme: | 3b. Department: |
| 4. New Programme: | 4b. Department: |
| 5. Number of required courses to be taken prior to change of programme: | |
| 6. Required Courses to be taken: | |

Student's Signature:

Date:

7. HOD'S approval:

HOD'S signature:

Date:

Registrar:

Date:

FACULTY OFFICER