

**WISCONSIN INTERNATIONAL UNIVERSITY COLLEGE, GHANA**

**CHANGE OF PROGRAMME FORM**

(Read the Instructions Carefully before Filling this Form)

Name of Student: .....

ID Number:..... Level: .....

Current Programme:..... Faculty/School: .....

New Programme:..... Faculty/School: .....

Student's Signature:..... Contact Number: ..... Date: .....

**Required Courses to be taken for the new programme:**

- 1. .... 2. ....
- 3. .... 4. ....
- 5. .... 6. ....
- 7. .... 8. ....
- 9. .... 10. ....

<b>Comments</b>	
<b>Dean (Current Faculty/School)</b>	<b>Dean (New Faculty/School)</b>

Comments from Deputy Registrar (Academic):

.....

Signature: ..... Date: .....

Registrar:

Signature: ..... Date: .....