



PRESBYTERIAN UNIVERSITY OF EAST AFRICA
OFFICE OF THE REGISTRAR (ACADEMIC)

APPLICATION FOR CHANGE OF MODE OF STUDY

To be completed in duplicate

Section I: To be Completed by the Student

- a) Admission Number:
- b) Name (Surname)..... Others.....
- c) Academic Programme
- d) Your current mode of study.....
- e) The mode of study that you wish to change to
- f) Signature Date

Section II: To be completed by the Finance Department

- a) Fees Paid: Ksh. Receipt NO.....Date.....
- b) Signature and Stamp.....

Section III: To be completed by the Head of the Department

- a) I object do not object the proposed change
- b) Reasons.....
.....
- c) Signature..... Date:

Section IV: Registrar (Academic)

- a) I approve do not approve the proposed change
- Signature..... Date

CC: Admissions Office – Student’s file

Teaching department