



PRESBYTERIAN UNIVERSITY OF EAST AFRICA
OFFICE OF THE REGISTRAR (ACADEMIC)
APPLICATION FOR CHANGE OF ACADEMIC PROGRAMME

To be completed in Triplicate

Section 1: To be Completed by the Student

- A. Admission Number
B. Surname... Other Names...
C. Academic Programme presently registered in
D. Academic Programme you wish to transfer to...

Section 3: Head of the Present Department

Year of study.....

I object [ ] do not object [ ] to the proposed change

Give reasons

.....
.....
.....

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

Section 4: Head of the Proposed New Department

I object [ ] do not object [ ] to the proposed change

Give reasons

.....
.....

Signature ..... Date.....

Section 5: Registrar Academic Affairs

The request is approved [ ] has not been approved [ ]

Signature..... Date .....

Section 6: Admissions Office

NEW ADMISSION NUMBER:.....

Section 7: Finance Department

Fees Paid: KSh. ....Receipt NO.....Date.....

Signature and Stamp.....

- CC. Admissions Office – Student’s File
Present Department
New Department