Request to Change Study Mode/Programme

(For Departmental file only)

Student information		
Student name:(Please print; underline family name)	Student#:	
	Year: 1 2 3 4 5 6 7 8 (circle applicable number)	
Current study mode: Full-time Part-time (✓ tick appropriate study mode)	Email:	
Signature:	Date:	
Change requested		
New programme: MSc MPhil (✓ tick appropriate programme)	PhD	
New study mode: ☐ Full-time ☐ Part- (✓ tick appropriate study mode)	time	
<u>Approval of academic advisor(s)</u>		
I approve the request to change study mode/programme as indicated above.		
Advisor name: Prof./Dr.		
(Please print Signature:		
Advisor name: Prof./Dr	(complete only if co-supervised)	
Signature:	Date:	
Comments:		
Instructions: This form is to be used, together with the Appli	cation for Programme Transfer form available from	

<u>Instructions</u>: This form is to be used, together with the *Application for Programme Transfer* form available from ARR to change the study mode for your MSc, MPhil or PhD programme and/or to change programmes. Your request must be approved by your academic advisor and the Director of Postgraduate Studies.

<u>Department use only</u>	
Director of Postgraduate Studies:	Date: