

UNIVERSITY

PO Box 77000, Nelson Mandela University, Port Elizabeth, 6031, South Africa mandela.ac.za

CHANGE OF PROGRAMME FOR REGISTERED STUDENTS

PERSONAL DETAILS

Student number

Title	Initial		Surnar	Surname				
First Names in full								
Maiden name (if appl	icable)							
Marital Status				Identity	number			
Single	Married							
QUALIFICATION DE	TAILS							
Current degree/diploma		Proposed degree/diploma		Curriculum (if applicable)				
Campus Ca			US			-		
Please indicate date	e of change							
Immediately	Start	of 2 nd ester			January 20		Full-time	Part-time

Indicate course codes for which you want to apply for module exemption for the proposed degree/diploma:

APPLICANT'S ADDRESS

POSTAL ADDRESS		STUDY ADDRESS
Postal code		Postal code
E-mail address:		· · · ·
Telephone number: (C	ode) N	lumber
Cell number:		
Fax number: (Code)	N	lumber

DEGREE/ DIPLOMA /CERTIFICATES OF PREVIOUS QUALIFICATIONS:

Degree/Diploma/Certificates	Institution	Attended from	to

CERTIFIED COPIES OF FORMAL ACADEMIC QUALIFICATIONS, ACADEMIC RECORDS AND MATRIC RESULTS MUST BE SUBMITTED

I hereby declare that I am aware of:

- The minimum requirements for the proposed diploma/degree;
- The minimum requirements of the study for the purpose of renewal of registration (see prospectus)

••••••					
SIGNATURE			DATE		
FO	R OFFICE	USE			
	Yes	No	Comments		
Does the candidate quality for full exemption?					
If No, give reason					
Does the candidate comply with the					
admission requirements for the proposed					
degree/diploma					
If No, give reason					
School performance score	Obtained		Required for		
•	by		admission		
	applicant				
Academic record attached					
Matric results attached					

RECOMMENDATION BY MANAGER FACULTY ADMINISTRATION / FACULTY ADMINISTRATOR

Accept	Not Accepted	
Comments:		
Signature:		Date:
RECOMMENDATI	ON BY HEAD OF DEPAR	TMENT (if applicable)
Accept	Not Accepted	
Comments:		
Signature:		Date:
Check List	I	nitial & Date

Score sheet printed	
SNAPPA record created	
Letter issued	