



**Maduka**  
UNIVERSITY

**DIRECTORATE OF ACADEMIC PLANNING**  
**OFFICE OF THE VICE-CHANCELLOR**  
**MADUKA UNIVERSITY, EKWEGBE-NSUKKA, ENUGU STATE**

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**CHANGE OF COURSE FORM**

**SECTION A: STUDENTS INFORMATION**

FULL NAME (S): \_\_\_\_\_

MATRIC NUMBER: \_\_\_\_\_ YEAR OF STUDY \_\_\_\_\_ LEVEL: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ SCHOOL EMAIL: \_\_\_\_\_

CURRENT DEPT: \_\_\_\_\_ PROPOSED DEPT: \_\_\_\_\_

**SECTION B: REASON FOR CHANGE OF COURSE**

(Briefly state your reason(s) for requesting a change of course)

\_\_\_\_\_  
\_\_\_\_\_

**SECTION C: APPROVALS**

**ADMISSIONS UNIT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**HEAD OF DEPARTMENT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**ACADEMIC PLANNING**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**REGISTRAR**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**VICE-CHANCELLOR** \_\_\_\_\_ **REMARK** \_\_\_\_\_