THE UNIVERSITY OF THE WEST INDIES, CAVE HILL CAMPUS FACULTY OF HUMANITIES AND EDUCATION

CHANGE OF OPTION

ACADEMIC YEAR:	SURNAME:		OTHER NAME(S):	
STUDENT ID NO: LEVEL: One Note: Level III stud		Two dents are not permitted to change		STATUS: ☐ Full-Time ☐ Part-Time
TELEPHONE 1:	TELEPHONE 2:	EMAIL (Please write legibly):		
			70	
ADDRESS 1 (Local):		Address 2 ((Overseas):	
I AM CURRENTLY REGISTERED FOR THE:				
□ BA □ BEd □ BFA in				
I AM DESIROUS OF CHANGING MY PROGRAMME TO READ FOR (select either option 1 or option 2, not both):				
1. A Special in				
2. A Major in				
and □ a second Major □ a Minor in(tick appropriate box)				
REASON FOR CHANGE:				
Please state your reason for the requested change				
Signature of Student			Date / /	
Signature of Student				
Please return completed form to the Faculty Office, Faculty of Humanities and Education.				
OFFICIAL USE ONLY				
Head's Recommendation:				
Dean's Comments				
Dean's Signature Date:				