



THE UNIVERSITY OF THE WEST INDIES CAVE HILL CAMPUS



FACULTY OF SCIENCE AND TECHNOLOGY

CHANGE OF PROGRAMME

(Faculty of Science and Technology Students only)

INSTRUCTIONS

This form must be completed in **BLOCK CAPITALS** and submitted to the Dean, Faculty of Science and Technology before the course add/drop deadline at the start of the Academic Year.

SECTION A – TO BE COMPLETED BY STUDENT AND EMAILED TO fst@cavehill.uwi.edu

	LASTNAME	FIRSTNAME	MIDDLENAME
NAME OF STUDENT:	<input type="text"/>	<input type="text"/>	<input type="text"/>
I.D. #:	<input type="text"/>	Email:	<input type="text"/>
LEVEL:	Level I <input type="checkbox"/>	Level II <input type="checkbox"/>	Level III <input type="checkbox"/>
PERMANENT ADDRESS:	<input type="text"/>		
TELEPHONENOS.:	<input type="text"/>		
CURRENT PROGRAMME:	<input type="text"/>		
DESIRED PROGRAMME:	<input type="text"/>		
REASON FOR CHANGE OF PROGRAMME:	<input type="text"/>		
SIGNATURE OF STUDENT:	<input type="text"/>	DATE:	<input type="text"/>

SECTION B – OFFICIAL USE ONLY – DEAN'S OFFICE

ACADEMIC STANDING:	<input type="text"/>		
COMMENT:	<input type="text"/>		
DECISION:	APPROVED <input type="checkbox"/>	NOT APPROVED <input type="checkbox"/>	
SIGNATURE:	<input type="text"/>	DATE:	<input type="text"/>