



# BAUCHI STATE UNIVERSITY, GADAU

(Office of the Registrar: Academic Planning Unit)

## APPLICATION FOR CHANGE OF COURSE

Student's Name: \_\_\_\_\_

Matric No: \_\_\_\_\_ Sex: \_\_\_\_\_

I seek for change of course from \_\_\_\_\_ Dept.  
to \_\_\_\_\_ Dept.

This is for the following reasons:-

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### COMMENTS BY

1. Present Department

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

Head of Department

\_\_\_\_\_

Dean Sign

\_\_\_\_\_

2. Receiving Department

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

Head of Department

\_\_\_\_\_

Dean Sign

\_\_\_\_\_

Academic Planning Unit

\_\_\_\_\_  
Sign & Date