

**CHANGE OF PROGRAMME/SPECIALIZATION APPLICATION FORM FOR
POSTGRADUATE STUDENT**

This form should be completed by all postgraduate students of the University of Eldoret seeking to change specialization or programme after being admitted. Fill the form in block letters and return to director, Board of Postgraduate Studies after being filled and signed by the Head of Department and Dean of the School.

SECTION A

Student Personal Information

NAME: _____ (Surname) _____ (Other names)

Registration No: _____ Programme : _____

Specialization: _____

Department: _____ School: _____

EMAIL: _____ PHONE: _____ POSTAL ADDRESS: _____

SECTION B : To be filled by the Student

Specialization or Programme requesting to change to: _____

Provide a reason for request: _____

NB: Student to attach copy of admission letter.

SECTION C

Official Use Only

To be filled by officers of University of Eldoret

1. Recommendation by the Department:

Comments: (Head of Department):

Signature: _____ Date: _____

(HoD)

2. Recommendation by the School:

Signature: _____ Date: _____
(Dean of School)

3. Recommendation by Board of Postgraduate Studies:

Signature: _____ Date: _____
(Director, Board of Postgraduate Studies)

