



REQUEST TO CHANGE PROGRAM

This form is also available from the USP website address: <http://www.usp.ac.fj/student>

Student ID Number:

SECTION A: PERSONAL DETAILS

Last Name:	First Name:	Middle Name:	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Campus	<input type="text"/>	Telephone:	<input type="text"/>
Exam Site:	<input type="text"/>	Email:	<input type="text"/>

SECTION B: CURRENT PROGRAM

Current Program:

Current Majors:	Major 1:	Major 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Current Minors:	Minor 1:	Minor 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION C: NEW PROGRAM

New Program:

New Majors:	Major 1:	Major 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>

New Minors::	Minor 1:	Minor 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>

If sponsored, written approval from Sponsor must be attached to this form before change can be approved: Yes () No ()

I take full responsibility for the consequences of changing my program and agree to be bound by the regulations of the new program

Student signature: _____ Date: _____

FOR OFFICIAL USE

Is approval from the sponsor attached? Yes No Not Applicable
 Is the change of program approved? Yes No

Student Academic Services/Campus Director: _____ Date: _____

Recommendation: _____

