



**DIRECTORATE OF GRADUATE STUDIES, RESEARCH AND INNOVATIONS**

**BU/DGSRI.F1**

**REQUEST FOR PROGRAMME CHANGE<sup>1</sup>**  
*(To be filled in quadruplicate)*

**1. PERSONAL PROFILE**

Surname:.....First Name:.....

Middle Names:.....

Sex ..... Nationality: .....

Registration Number:.....

Date and Year of Entry: .....

Expected Completion Date: .....

Year of Study: ..... Semester: .....

Academic Year:.....

Programme:.....

Department: .....

Academic Unit: .....

**2. PERSONAL CONTACTS**

Postal Address: .....

Mobile Number: .....

Other Telephone Numbers: .....

Email:.....

**3. CHANGE OF PROGRAMME<sup>2</sup>**

a) **Current Programme:** .....

Department: .....

Faculty: .....

b) **New Programme:** .....

c) Department: .....

d) Faculty: .....

**4. CANDIDATE'S ACADEMIC PROFILE IN THE CURRENT PROGRAMME**

a) Actual Date of Commencement of Studies:.....

b) Number of weeks attended classes in the Current Programme: .....

**5. PURPOSE FOR CHANGING THE PROGRAMME:**

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.....  
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Signature: ..... Date: .....

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<sup>1</sup>This form should be filled in by candidates who have already registered to undertake graduate studies at Busitema University. No student shall be allowed to change subjects/courses/programmes after the fourth week of commencement of the semester.

<sup>2</sup>Transferring from one academic programme to another will be allowed only if the candidate possesses the required admission criteria for the programme for which transfer is being sought and if a vacancy exists in that programme. A copy of admission letter and academic transcripts **MUST** be attached to the form for the request to be considered.

**FOR OFFICIAL USE ONLY**

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**RECOMMENDATIONS FROM THE CURRENT PROGRAMME**

**1. Comments by the Head of Department:**

**Recommended**                      **YES/ NO (*Please Tick*)**

Remarks (if any)

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.....

Name .....

Signature.....

Date: .....

**2. Comments by the Faculty Dean:**

**Recommended**                      **YES/ NO (*Please Tick*)**

Remarks (if any)

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.....  
.....

Name .....

Signature.....

Date: .....

**RECOMMENDATIONS FROM THE NEW PROGRAMME**

**3. Comments by the Head of Department:**

**Recommended**                      **YES/ NO** (*Please Tick*)

Remarks (if any)

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.....

Name .....

Signature.....

Date: .....

**4. Comments by the Faculty Dean:**

**Recommended**                      **YES/ NO** (*Please Tick*)

Remarks (if any)

.....  
.....  
.....  
.....

Name .....

Signature.....

Date: .....