



University of Venda

REQUEST FOR CHANGE OF DEGREE FORM

Student number : -----

Name and Surname : -----

Study Address : -----

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Date of birth : ----- Matric Exemption: Yes/No

Present Degree/Diploma : -----

I hereby request special approval to change my Degree/Diploma to-----

Majors : -----

Course already passed : -----

Signature -----

Date-----

APPROVED/ NOT APPROVED

Previous Dean Signature

Date

Present Dean Signature

Date

School Administrator

Date