

	TECHNICAL UNIVERSITY OF MOMBASA		
	Document: Form	Ref No.: TUM/Form/RAA/039	
	Title: CHANGE OF COURSE		
	Department: REGISTRAR ACADEMIC AFFAIRS		
	Issue No. 2	Revision No. 0	Date: 5th April 2018

(To be filled in
Quadruplicate)

SECTION A (TO BE FILLED BY THE STUDENT) Part 1:
Student Personal Details:

Name: _____ Reg. No.: _____

Course: _____ Year of Study: _____ Semester: _____

Address Tel Email: **Part 2:**

Course Admitted: _____

Course to:

Cut off points

SECTION B (OFFICIAL USE) Part 1:

CODs Comments

.....

Name.....Signature Date/Stamp

Part 2:

Dean's Comments

.....

Name.....Signature Date/Stamp

Part 3:

Dean's Committee Comments

Approved Not Approved

.....

Part 4:

Registrar's Comments

.....

Name.....Signature Date/Stamp **Part 5:**

Students Registry Officer

Effectuated in the system Not Effectuated

Name:Signature..... Date/Stamp

A student will be allowed to change course only if he/she meets the cut off points.

