

BUGEMA UNIVERSITY

CHANGE/ADD/DROP MINOR OR MAJOR REQUEST FORM



Please Tick

Change my Major

Add /Drop a Major

Change my Minor

Add/Drop a Minor

ID. NUMBER: _____

NAMES: _____ YEAR OF GRADUATION: _____

OLD MAJOR: _____ OLD MINOR: _____

CHANGE TO:

NEW MAJOR: _____ NEW MINOR: _____

ADD ANOTHER:

MAJOR: _____ MINOR: _____

REASON: _____

STUDENT SIGNATURE: _____ DATE: _____

DECLARATION OF CHAIRPERSON OF THE NEW DEPARTMENT:
HAVING CONSIDERED THE COURSE ENTRY REQUIREMENTS AND PREREQUISITES,
I HAVE APPROVED THE REQUEST FOR THE CHANGE/ADD/DROP OF THE MAJOR
/MINOR

NAME OF THE CHAIRPERSON (NEW DEPARTMENT) _____

SIGNATURE: _____ DATE: _____

NAME OF THE CHAIRPERSON (OLD DEPARTMENT) _____

SIGNATURE: _____ DATE: _____

FOR OFFICIAL USE ONLY

ACTION TAKEN: _____

ACTION NUMBER: _____ DATE: _____

NOTE: Students are responsible for bringing this request form to the Registrar's Office.

Copies to:

1. Registrar's Office
2. Old Department
3. New Department
4. Student