



**THE POSTGRADUATE SCHOOL**

**CHANGE OF MODE OF STUDY FORM**  
*(To be completed in quadruplicate)*

Form  
PG 07

Session: \_\_\_\_\_ Semester: \_\_\_\_\_ Matric No: \_\_\_\_\_

1. Names in full: \_\_\_\_\_  
*(Surname in Caps) (Other Names)*

2. Year of Admission: \_\_\_\_\_ Current Mode of Study (Part or Full-Time): \_\_\_\_\_

3. Degree/Diploma in View: \_\_\_\_\_

4. Contact Address: \_\_\_\_\_

5. E-mail Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

6. Name and Address of Employer: \_\_\_\_\_

7. Department: \_\_\_\_\_

8. Faculty: \_\_\_\_\_

9. Session of First Registration: \_\_\_\_\_ Number of Semesters already completed: \_\_\_\_\_

10. Proposed Mode of Study: \_\_\_\_\_

11. Effective date of Change: \_\_\_\_\_

12. Reasons for Change of Mode of Study: \_\_\_\_\_

13. Student's Signature & Date: \_\_\_\_\_

14. Supervisor's: \_\_\_\_\_  
*Name Signature & Date*

15. Comment of the Head of the Department: \_\_\_\_\_

\_\_\_\_\_  
*Signature Date*

16. Dean of the Faculty: \_\_\_\_\_  
*Name, Signature & Date*

17. Application approved by the Board of Postgraduate School: Yes/No  
Effective Date of Approval: \_\_\_\_\_

18. Secretary, BPGS \_\_\_\_\_  
*Name & Signature Date*