



LADOKE AKINTOLA
UNIVERSITY OF TECHNOLOGY,
OGBOMOSO

THE POSTGRADUATE SCHOOL
CHANGE OF OPTION/PROGRAMME FORM

Form
PG 10

Session: _____ Semester: _____ Matric No: _____

1. Name in Full _____
(Surname in Caps) (Other Names)

2. Year of Admission _____ Mode of Study: *Part-time/Full-time* _____

3. Contact Address: _____

4. E-mail: _____ Phone No: _____

5. Present Department/Faculty: _____

6. Present Degree in View: _____

7. Session of First Registration: _____ Number of Semester completed: _____

8. Proposed Department/Faculty: _____

9. Proposed Degree/Programme: _____

10. Student's Signature: _____

11. Supervisor's comment: _____

12. Comments of the releasing Head of Department : _____

Signature: _____ *Date:* _____

13. Comment of the Head of the Accepting Department: _____

Signature: _____ *Date:* _____

14. _____

Sign. & Date of the Dean of the Releasing Faculty *Sign. & Date:* Dean of the Accepting Faculty

15. Change approved by the Board of Postgraduate School: Yes/No: _____

16. Effective date of change: _____

Sign. & Date Secretary the Postgraduate School Board