

CHANGE OF SPECIALISATION FORM

PLEASE COMPLETE ALL SECTIONS ON THIS FORM IN BLOCK CAPITALS.

Programme:

Intake:

Current Specialisation Area	New Specialisation Area

Please state reason(s) for the change:

Requestor:

Signature

Name

Date - -

Supervisor's Approval:

Signature

Name

Date - -

University Research Degree Committee's Approval:

Signature

Name

Date - -