

ABUBAKAR TAFAWA BALEWA UNIVERSITY, BAUCHI

School of Postgraduate Studies

P.M.B, 0248 Bauchi

VICE CHANCELLOR:

PROF. M. A. ABDULAZEEZ
B. TECH (HONS) PHYSICS FUT, M. Sc (Uni Ibadan)
Ph.D. (ATBU, BAUCHI), FNIP, MSESAN



DEAN:

Prof. S. D. Abdul,
B.Sc (UniJos), M.Sc (ABU) MPhil & Ph.D.
(Cambridge, UK)

SECRETARY:

Mal. Ahmad H. Abubakar
B.Sc. Sociology (UniJos).

Our Ref: ATBU/SPGS/ADM/031

Date: _____

APPLICATION FOR CHANGE OF COURSE

**The Dean,
SPGS,
ATBU, Bauchi.**

Through:

Dean Faculty of:

Through:

Head of Department:

Dear Sir,

I, with Registration/Admission number.....
wish to apply for permission for change of course from: to

This is as a result of: -

- a) request from my employer ()
- b) relevance to my qualification/profession ()
- c) any other reason

Attached are copies of appropriate documents in support of my request.

Yours faithfully,

Sign:

Name.....