ABUBAKAR TAFAWA BALEWA UNIVERSITY, BAUCHI

School of Postgraduate Studies

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SECRETARY:

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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/Application
number wish to apply for permission to change course from:
to
This is as a result of: -
a) request from my employer ()
b) relevance to my qualification/profession ()
c) any other reason (specify)
Attached are copies of appropriate documents in support of my request.
Yours faithfully,
NameReg. No

Sign:Date: