

ABUBAKAR TAFAWA BALEWA UNIVERSITY, BAUCHI

School of Postgraduate Studies

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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,

Name.....Reg. No.....

Sign:.....Date:.....

Attached, is the remita, and ATBU officials of N10,000 as evidence of payment.