

**FORM A**

# **COLLEGE OF SCIENCE, ENGINEERING & FOOD SCIENCE, UCC**

## **UNDERGRADUATE CHANGE REQUEST FORM**

**School/Department**

### **TO BE COMPLETED BY STUDENT**

*Applicants are asked to note the deadlines for the submission of applications on SEFS/Schools websites.*

**Student Name:**

**Student Number:**

**Email:**

**Tel:**

**DOB(DD/MM/YY):**

**Course currently registered in:**

**Year:**

**Change Requested:**

**Reason for change:**

**Student Name (print):**

**Date:**

***Signature:***

<b>Approved</b>	Justification  Implication(s) if any:
<b>Refused</b>	Justification:

Signature

DATE

Head of Department/School/Nominee

v1 (2019)

**IMPORTANT:**

The onus is on the Student to ensure that this form is completed correctly and returned to the correct department/school office for processing.