

MINISTRY OF EDUCATION STATE DEPARTMENT FOR TECHNICAL, VOCATIONAL EDUCATION AND TRAINING MASINGA TECHNICAL AND VOCATIONAL COLLEGE

EXCEL IN TECHNOLOGY P.O.BOX 181 - 90141 MASINGA

TEL: +254 746 327 094 Email: info@masingatechnical.ac.ke $\underline{www.masing a technical.ac.ke}$



COURSE CHANGE FORM

A. BIODATA

TRAIN	IEE'S NAME:			
ADMI	SSION NUMBER:			
ID NU	MBER:			
DEPA	RTMENT:			
COUR	SE:			
LEVEL	·.			
TERM:				
EXAMINATION BODY:				
DATE:				
B. 1.				
2.	Have you researched the program or department offering your new course of study??			
3.	Have you considered the potential impact of changing courses on your academic progress, financial aid, and other commitments?			
4.	Is there any action the college could take to address as part of your request to change courses?			
5. I would like to change courses from to the course		to the course in the		
		denartment		



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C. DECLARATION

and capable of makin	g this request to change courses	of my own free will. I con		
Guardian's phone nui	mber			
Signature		Date:		
D. APPROVAL (FOR O	FFICIAL USE ONLY)			
H.O.D (Releasing Department)	Signature:	Date:	Approved/Not:	
H.O.D (Accepting Department)	Signature:	Date:	Approved/Not:	
ACCOUNTANT:	Signature:	Date:	Approved/Not:	
CAREER MASTER:	Signature:	Date:	Approved/Not:	
REGISTRAR:	Signature:	Date:	Approved/Not:	

A COPY OF THE COMPLETED APPLICATION SHALL BE RETAINED BY THE TRAINEE, HOD OF THE RELEASING AND ACCEPTING DEPARTMENTS, ACCOUNTANT AND AT THE REGISTRAR'S OFFICE. ANY CHANGE IN THE TERMS SHOULD BE COMMUNICATED TO THE COLLEGE IMMEDIATELY.