



CHANGE OF DEGREE PROGRAMME

STUDENT'S NAME: _____ / _____ / _____
LAST NAME FIRST NAME M.I.

_____/_____/_____/_____
DATE OF BIRTH AGE PLACE OF BIRTH – CITY & COUNTRY NATIONALITY

_____/_____
HOME ADDRESS P.O. BOX #

TELEPHONE NUMBER (S) _____ / _____ / _____
WORK HOME CELL

E-MAIL ADDRESS(ES) _____

PREVIOUS PROGRAMME OF STUDY _____

NEW PROGRAMME OF STUDY _____

STUDENT'S SIGNATURE DATE

TERREVE COLLEGE ADMINISTRATION DATE