



**UNIVERSITY OF IRINGA (UOI)
CHANGE OF PROGRAMME REQUEST FORM**

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Web: www.uoi.ac.tz E-Mail: admissions@uoi.ac.tz

INTERNAL TRANSFER OF PROGRAMME REQUEST FORM

(To be filled in duplicate and attach student's admissions letter and copies of academic certificates)

1. Personal Information

First Name _____ Middle Name _____ Surname: _____

Mobile No: _____ Email address(s): _____

Form IV index No: _____ Year of complete IV: _____

Previously (Selected) Programme Information

Faculty _____

Department _____

Programme _____

Current (Transferred) Programme Information

Faculty _____

Department _____

Programme _____

2. Reasons for Change of Programme

Date of Application _____ Signature _____

For OFFICIAL USE ONLY (Authorization for Change of Programme)

3. Admissions Officer (Please recommend the admissions procedures and the required process)

Name _____ Signature _____ Date _____

4. Recommendations by the Head of Department (Please confirm the minimum entry requirements of the candidate request)

Name _____ Signature _____ Date _____

5. Recommendations by the Director of Postgraduate Studies, Research, and Consultancy (for postgraduate students only)

Name _____ Signature _____ Date _____

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