AL-KAWTHAR UNIVERSITY | الكوثر

AKU/Reg/2024/10/18/002

Program Change Request Form

Student Information

Student Applicant No _____ Student Name _____

Semester _____ Session FALL / SPRING

Current Program _____ New Program _____

Current Faculty_____ New Faculty_____

Reason for Program Change:

_____

_____

_____	_____	_____
Date	**Student's Signature**	**Academic Advisor Name, Stamp & Signature**

Accreditation Council Requirements

Does the student fulfill the program requirements as per the accreditation council?

_____

_____	_____
Current Program HoD's Approval	**New Program HoD's Approval**
_____	_____
Current Program Dean's Approval	**New Program Dean's Approval**
_____	_____
Director Finance	**Registrar**

_____

Vice Chancellor's Approval