

Obafemi Awolowo University Ile-Ife, Nigeria

Directorate of Academic Affairs (Admissions Unit)

2023/2024 Session

(Instruction: Applicant is expected to fill this fillable PDF form by typing on the soft copy)

Section A

Matric. No.:

First Name:

Surname:

Middle Name

Former Surname (if any):

Current Faculty/School:

Current Department:

Current Level of Course:

Current Award in View:

Reason for Change:

Proposed Faculty/School:

Proposed Department:

New Level of Course:

Proposed Degree:

GSM:

CGPA

ACADEMIC RECORDS

Name of Examination		
Year of Examination		
Examination Number		
Detailed Results (1 st Sitting)		
S/N	Subject	Grade
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
Name of Examination		
Year of Examination		
Examination Number		
Detailed Results (2 nd Sitting)		
S/N	Subject	Grade
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

UNIVERSITY EXAMINATION RESULTS

Applicants are to attach up-to-date statement of semester examination results including the CGPA per semester as by the Examinations and Records Office or Head of Department. Applicants unaccompanied by these documents will not be processed under any circumstance whatsoever.

DECLARATION

I, _____
hereby declare that the information supplied in this form is, to the best of my knowledge and belief, true and correct. I am aware that any false or incomplete information given in this form automatically disqualifies me from being considered for a change of Course/Degree programme and that such applications are not permitted and will not, therefore, not be processed.

Signature: _____

Date: _____

Applicant

SECTION B:

(To be completed by the Guidance Counsellor)

I, having considered the student's request above and after counselling, agree that the change will be beneficial to him/her.

Signature: _____

Date: _____

SECTION B:

(To be completed at the Admissions Office)

Date of Receipt of Application: _____

Name of Receiving Officer: _____

Rank: _____