



CHANGE OF COURSE FORM

KTVc/REG/ IQAO/F005

NAME OF TRAINEE:

ADM NUMBER:.....

CONTACTS:.....

DATE:.....

SIGN:.....

CHANGE COURSE FROM:.....

CHANGE COURSE TO:.....

REASON:.....

.....

.....

.....

RELEASING HEAD OF DEPARTMENT

RECEIVING HEAD OF DEPARTMENT

SIGN:.....

SIGN:.....

DATE:.....

DATE:.....

PARENT/GUARDIAN

SIGN:.....

DATE:.....

REGISTRAR

SIGN:.....

DATE:.....

(TO BE FILLED IN TRIPLATE)