



ZETECH UNIVERSITY

TRAINING DEPARTMENT

REQUEST FOR CAMPUS TRANSFER/ CHANGE OF MODE OF STUDY

Reference F-7-69
Issue/Rev. 1/2

(A student is allowed to transfer campus or change mode of study only once within a given course)

STUDENT DETAILS

NAME..... REG.NO/ Adm No
COURSE TERM/SEMESTER OF STUDY
ADDRESS TEL: DATE.....

- For change of mode of study fill section 1 only.
For campus transfer fill section 2 only.

1. CHANGE OF MODE OF STUDY

From (Current Mode) (Please tick appropriately)

FULL TIME [] PART TIME []

E-LEARNING [] DISTANCE LEARNING []

To (New Mode) (Please tick appropriately)

FULL TIME [] PART TIME []

E-LEARNING [] DISTANCE LEARNING []

Give specific reason for your request.

2. CAMPUS TRANSFER

From (Current Campus) (Please tick appropriately)

TRC [] PIONEER/AGRICULTURE [] STANBANK []

To (New Campus) (Please tick appropriately)

TRC [] PIONEER /AGRICULTURE [] STANBANK []

Give specific reason for your request.

Student's Signature

Date



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FOR OFFICE USE ONLY (FACULTY/DEPT/SCHOOL/PRINCIPAL/REGISTRAR APPROVAL)

A. HEAD OF FACULTY/DEPARTMENT/SCHOOL

Does the HOD approve?

- a. Transfer of Campus Approved..... Rejected
- b. Change of Mode of Study Approved..... Rejected

Please give detailed comments.

Name Signature Date

Official Stamp.....

B. CAMPUS AM/PRINCIPAL

Comments on the above

- a. Transfer of Campus
- b. Change of Mode of Study

Name Signature Date

Official Stamp.....

D. RECORDS/ ADMISSION OFFICE

CURRENT REGISTRATION NO.....NEW REGISTRATION NO

NameSignature Date

