

THE STATE UNIVERSITY OF
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**THE STATE UNIVERSITY OF ZANZIBAR
DIRECTORATE OF UNDERGRADUATE STUDIES**

FORM C

**CHANGE OF PROGRAM
(Made Under regulation 11)**

PART A: PERSONAL PARTICULARS: (To be completed by applicant only)

First Name:	Second Name:	
Surname:	Gender:	
Mobile No:	Form 4	
Form 6/AVN Number:		
Previous Program:	Program requested for transfer:	
Reason for transfer:		
<u>PART B: FOR OFFICIAL USE ONLY</u>		
Recommendations from Directorate of Undergraduate Studies (DUS)		
Name:	Signature:	Date:
Approval/Disapproval by the DVC-AC:		
Name:	Signature:	Date:

Attachment:

- (i) Copy of Admission letter
- (ii) Copy of Form Four results and (Form 6/AVN)
- (iii) Employer's/Sponsor's (in this case, an organization*-government or non-government) demand letter to support the transfer.