



**UNIVERSITY OF EASTERN AFRICA, BARATON  
CHARTERED LEGAL NOTICE No. 111, 1991**

**Graduate Studies**

**CHANGE OF DEGREE REQUEST FORM**

*(to be filled in triplicate)*

DATE \_\_\_\_\_

NAME \_\_\_\_\_ UEAB ID No. \_\_\_\_\_  
FIRST MIDDLE LAST

**I would like to request for a CHANGE OF DEGREE:**

**FROM:**

Current degree \_\_\_\_\_ Bulletin \_\_\_\_\_  
*(as indicated in the letter of admission)*

**TO:**

New degree \_\_\_\_\_ Bulletin \_\_\_\_\_

**Attachment(s):** 1. *Copy of letter of admission* 2. *Additional supporting documents required by the new degree*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**NOTED BY THE CHAIRPERSON OF THE DEPARTMENT OFFERING THE CURRENT DEGREE**

Signature of Department Chair \_\_\_\_\_ Date \_\_\_\_\_

**DECLARATION OF THE CHAIRPERSON OF THE DEPARTMENT OFFERING THE NEW DEGREE**

This is to certify that the Graduate Studies Committee of the Department/School approved this request for recommendation to the Board of Graduate Studies (minutes attached).

Committee Action Number \_\_\_\_\_ Date \_\_\_\_\_

Signature of Department Chair \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICIAL USE**

**BOARD OF GRADUATE STUDIES ACTION:**

Action Number \_\_\_\_\_ Date \_\_\_\_\_

Signature of Graduate Studies Director \_\_\_\_\_ Date and Stamp \_\_\_\_\_

Signature of Registrar \_\_\_\_\_ Date and Stamp \_\_\_\_\_