



INTERNATIONAL UNIVERSITY – VNU HCMC
OFFICE OF UNDERGRADUATE ACADEMIC AFFAIRS

REQUEST FOR CHANGING DIRECTION
(University of Nottingham)

Student name: _____ Student ID: _____ Date of birth: _____
School/Department: _____ Major: _____ Class: _____
Student Telephone Number: _____ Email: _____
Intake: _____ Group: ☐ A ☐ A1 ☐ B ☐ D1 Total Entrance Score: _____

REQUEST DETAILS

Expected major: _____
Expected program: ☐ IU ☐ Twinning: _____
Reason for changing direction: _____

Evidence submitted: Yes ☐ No ☐
Student signature (required): _____ Date: _____

PARENTS' APPROVAL

Parents' signature (required): _____ Phone number: _____ Date: _____

FOR INTERNATIONAL UNIVERSITY ONLY

CURRENT SCHOOL/DEPARTMENT'S APPROVAL

Signature: _____ Full name: _____ Date: _____

EXPECTED SCHOOL/DEPARTMENT'S APPROVAL

Signature: _____ Full name: _____ Date: _____

OFFICE OF INTERNATIONAL ACADEMIC COLLABORATION'S APPROVAL

Signature: _____ Full name: _____ Date: _____

SECTION TO BE COMPLETED BY OUAA

Received by: _____
Date of receipt: _____
Date of response: _____

OFFICE USE ONLY

Processed by	Process date