

Date of response:

## INTERNATIONAL UNIVERSITY – VNU HCMC OFFICE OF UNDERGRADUATE ACADEMIC AFFAIRS

## REQUEST FOR CHANGING DIRECTION (University of the West of England 2+2)

Student name:		Stude	nt ID:	Date of birth:		
School/Department:	Major:			Class:		
Student Telephone Number:			Email:			
Intake: Group: $\square$ A	□ A1	□В	□ D1	Total Entran	ce Score:	
REQUEST DETAILS						
Expected major:						
Expected program:   IU	☐ Twin	ning:				
Reason for changing direction:						
Evidence submitted: Yes □	No					
Student signature (required):			r	lato.		
PARENTS' APPROVAL			г	ate		
Parents' signature (required):_  FOR INTERNATIONAL UNIVE  CURRENT SCHOOL/DEPARTMEN	RSITY ONI	Y	Phone numb	er:	Date:	
Signature:	Full na	me·			Date:	
EXPECTED SCHOOL/DEPARTME						
Signature:	Full na	me:			Date:	
OFFICE OF INTERNATIONAL ACA	ADEMIC COL	LABORA'	ΓΙΟΝ'S APPRO	OVAL		
Signature:	Full nan	ne:			Date:	
SECTION TO BE COMPLETED BY OUAA					OFFICE USE ONLY	
Received by:					Processed by	Process dat