



INTERNATIONAL UNIVERSITY – VNU HCMC  
OFFICE OF UNDERGRADUATE ACADEMIC AFFAIRS

REQUEST FOR CHANGING DIRECTION  
(University of the West of England 4+0)

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

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