INSTITUTE OF MANAGEMENT & COMPUTING

Be educated & feel empowered

APPLICATION TO CHANGE CAMPUS

STUDENT NAME:
STUDENT NUMBER:
PHONE NUMBER:
EMAIL:
CURRENT CAMPUS:
TRANSFERING TO:
EFFECTIVE DATE:

INSTRUCTIONS

This form is for students that want to switch campus. Please ensure that all details provided are genuine and up to date. Ensure that this form is approved before you switch campus.

Campus transfer may impact COE; DHA must be notified if location changes materially.

Student signature Date

OFFICIAL USE ONLY

DATE LOGGED:

☐ Not accepted

☐ Accepted

☐ Waiting List

ADMISSIONS OFFICER **SIGN** **DATE**

COMMENTS: