



**COLLEGE OF AGRICULTURE, SCIENCE & EDUCATION**  
**OFFICE OF THE REGISTRAR**  
*Passley Gardens, P.O. Box 170, Port Antonio*  
*Portland, Jamaica, West Indies*  
**TEL: 876-993-5377/5558 | Email: [registry@case.edu.jm](mailto:registry@case.edu.jm)**

**CHANGE OF PROGRAMME FORM**

**SECTION 1: STUDENT INFORMATION**

FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

**SECTION 2: PROGRAMME TRANSFER INFORMATION**

CURRENT PROGRAMME: \_\_\_\_\_

CURRENT FACULTY:      FOFA       FOASET       FOEM

PROGRAMME TRANSFERRING TO: \_\_\_\_\_

FACULTY TRANSFERRING TO:      FOFA       FOASET       FOEM

REASON(S) FOR TRANSFER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 3: SIGNATURE**

NAME OF PERSON MAKING REQUEST: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

DATE RECEIVED: \_\_\_\_\_

TRANSFER LETTER PREPARED BY: \_\_\_\_\_ DATE PREPARED: \_\_\_\_\_

**APPROVALS**

DEAN OF FACULTY TRANSFERRING FROM: \_\_\_\_\_  
NAME SIGNATURE DATE

DEAN OF FACULTY TRANSFERRING TO: \_\_\_\_\_  
NAME SIGNATURE DATE

REGISTRAR: \_\_\_\_\_  
NAME SIGNATURE DATE

VP – ACADEMIC PROGRAMMES: \_\_\_\_\_  
NAME SIGNATURE DATE

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

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