



**MINISTRY OF EDUCATION**  
**STATE DEPARTMENT FOR TECHNICAL VOCATIONAL EDUCATION AND TRAINING**  
**CARDINAL MAURICE OTUNGA**  
**TECHNICAL AND VOCATIONAL COLLEGE**



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 Tulumba, Off Mateka

## CHANGE OF COURSE REQUEST FORM

### Student Information *(attach a copy of admission letter)*

Full Name: \_\_\_\_\_ Admission Number: \_\_\_\_\_

National ID/Passport Number: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Current Course: \_\_\_\_\_

Department: \_\_\_\_\_

### Details of Change

New Course: \_\_\_\_\_ Department: \_\_\_\_\_

Reason for Change of Course: (Please tick and provide details below)

☐ Personal Interest ☐ Academic Challenges ☐ Career Path Alignment

☐ Other (specify): \_\_\_\_\_

*Provide a brief explanation for the selected reason: .....*

### Student Declaration

I, \_\_\_\_\_, confirm that the information provided is true to the best of my knowledge. I understand and accept the terms and conditions of this request.

Signature: \_\_\_\_\_ Date/ Stamp: \_\_\_\_\_

**Parent Consent:** Name:.....ID & Sign:.....Contact:.....

### Terms and Conditions

1. Submission of this form does not guarantee approval of the course change.
2. Changes are subject to availability, qualification requirements, and institutional policies.
3. Any financial implications (e.g., course fees) must be settled before the change is finalized.

## Approval Section

### 1. Office of Career Services

Comments: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 2. Head of Department (Current Course)

Comments: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 3. Head of Department (New Course)

Comments: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 4. Registrar/DP/Principal

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved: [ ] Yes [ ] No

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date/ Stamp: \_\_\_\_\_