



AFRICA COLLEGE OF THEOLOGY

CHANGE OF FACULTY / PROGRAM REQUEST FORM

Note: Changes from a *higher program level to a lower program level* (e.g., Postgraduate to Bachelor Program) are allowed only under ACT Academic Policy and must meet the minimum entry requirements of the new program.

I _____, Student ID _____, kindly request approval for a Change of Program in accordance with the Academic Policies of Africa College of Theology. I wish to transfer from my current program to the new program indicated in my application form. I have carefully reviewed the program requirements at ACT and believe I have the academic requirements for the program I wish to attend. I have attached all necessary supporting documents to support this transition.

I humbly request that the Academic Office review my request and grant approval where applicable.

Current Program Level:

Bachelor / Postgraduate / Other (Specify): _____

New Program Level Requested:

Bachelor / Postgraduate / Other (Specify): _____

Thank you for your consideration.

Date _____