



**ADVENTIST UNIVERSITY OF CENTRAL AFRICA
P. O. BOX 2461, KIGALI, RWANDA**

REORIENTATION FORM

Changing Faculty/Department

(To be filled in Triplicate: For the Department, Registrar and Student)

Student Name: ID No.

Tel. No(s). Email Address:

Current Department: Current Faculty:

Results: Average – Option Average – Cumulative:

Faculty Requested For: Department:

Reason for Reorientation:

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Results acquired in the courses required to be oriented:

1.
2.
3.

Received by: Date:

Decision after analyzing the demand:

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The answer given to the Student:

Signature of HOD: Date:

Signature of Registrar: Date:

Note: A student must present a receipt of 2,000Fr before this form is approved and signed.