



# Adventist University of Central Africa

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## 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: .....

.....

Results acquired in the courses required to be oriented:

1. ....
2. ....
3. ....

Received by: ..... Date: .....

Decision after analyzing the demand: .....

.....

The answer given to the Student: .....

Signature of HOD: ..... Date: .....

Signature of Registrar: ..... Date: .....

**Note: A student must present a receipt of 5,000Fr before this form is approved and signed.**