



# University Of Science, Commerce And Business Administration (ESCAE – BENIN)

## REQUEST TO CHANGE DEGREE OR SPECIALIZATION

Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Student Reg.No \_\_\_\_\_  
 WhatsApp Nos \_\_\_\_\_ Email \_\_\_\_\_

Current Major Program and Degree: \_\_\_\_\_

I wish to withdraw from my current degree plan and change to:  
 .....

Upon approval, I understand that I will need to submit a program of study, advisor/committee appointment, and topic proposal to conform to the new degree requirements. I further understand that I may need to take additional courses to meet the new program requirements. Course substitutions are not allowed.

|                          |              |
|--------------------------|--------------|
| _____                    | _____        |
| <b>Student Signature</b> | <b>Date:</b> |

|   | Recommended              | Not Recommended          | Date  |
|---|--------------------------|--------------------------|-------|
| _____<br><b>Advisor</b>                   | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| _____<br><b>Graduate Program Director</b> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Comments: _____                           |                          |                          |       |

|   | Approved                 | Not Approved             | Date  |
|---|--------------------------|--------------------------|-------|
| _____<br><b>School of Graduate Studies Dean</b> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Comments: _____                                 |                          |                          |       |

**Please note that degree titles and specialization can only be changed within the first semester of the trimester**