



STATE UNIVERSITY OF MEDICAL AND APPLIED SCIENCES (SUMAS)
IGBO-ENO, ENUGU STATE
CHANGE OF DEGREE APPLICATION FORM

1. SURNAME-----OTHER NAMES-----
2. REG. NO.-----
3. UTME SCORE-----
4. PRESENT DEPARTMENT-----
5. INTENDING DEPARTMENT-----
6. LEVEL COMPLETED-----
7. CGPA-----
8. PHONE NUMBER-----
9. EMAIL ADDRESS-----

I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE
PROVIDED INFORMATION IS TRUE AND ACCURATE.