

Jigjiga University
College of Freshman Programme
Department Exchange Form

Student 1 Information:

Full Name: _____

ID Number: _____

Current Department: _____

Desired Department: _____

Student 2 Information:

Full Name: _____

ID Number: _____

Current Department: _____

Desired Department: _____

Student 3 Information:

Full Name: _____

ID Number: _____

Current Department: _____

Desired Department: _____

Acknowledgment:

We, the undersigned, hereby request to exchange our departments as specified above. We understand that these requests are subject to approval by the relevant authorities and that any decision made will be final.

Students' Signatures:

1. _____ Date: _____

2. _____ Date: _____

3. _____ Date: _____

Once filled out with the respective candidates' information for exchange, submit this form to the Freshman College Dean's Office for processing.