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1. Name of the Student

## OFFICE OF THE CONTROLLER OF EXAMINATIONS

## **APPLICATION FOR CHANGE OF ADDRESS**

2. Register Number		
3. Year / Branch of Study		
4. Father's Name		
5. New Address	•••	
6. Parent's Signature		
Signature of the Candidate	Signature of Coordinator	Signature of HoD
Date:		
FOR OFFICE USE ONLY		
Entered by (Staff Signature with name)  Date:		