



Matric Card Number :

Identity Card/Passport No. :

Name : _____
(In BLOCK letters and as stated in Identity Card/Passport)

Faculty : _____

Programme :

Session/Semester :

Previous Total Credits Hours Registered (Excluded 'HS' status courses)

Course Code	Section	Credit	Lecturer's Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	_____
<input type="text"/>	<input type="text"/>	<input type="text"/>	_____

Agree/Disagree

(Student's Signature)

Date: ____/____/____

(Academic Advisor's or Supervisor's Signature)

Name: _____

Date: ____/____/____

IF THE ACADEMIC ADVISOR DISAGREE

Dean's/Deputy Dean's of Academic Decision

Approved/Not Approved

Signature _____

Date ____/____/____