



Matric Card Number :

Identity Card Number /:
Passport Number

NAME :

(In BLOCK Letters as in Identity Card/Passport)

Faculty : _____

Year/ Programme :

Session/Semester :

Previous Total Credit Hours Registered (Not including '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)

(Academic Advisor's Signature)

Date : ____/____/____

Name : _____

Date : ____/____/____

IF THE ACADEMIC ADVISOR DISAGREES

Dean's Decision

Approved/Not Approved

Signature : _____

Date : ____/____/____