



NAME:

STUDENT NO:.....

TELEPHONE NO:(h)(mobile)

SUBJECT(S) YOU WISH TO ADD FOR THIS SEMESTER/YEAR

SUBJECT CODE	SUBJECT NAME	LEVEL

SUBJECT(S) YOU WISH TO DELETE FOR THIS SEMESTER/YEAR

SUBJECT CODE	SUBJECT NAME	LEVEL

Reason to Cancel:

<input type="checkbox"/>	Personal Problems
<input type="checkbox"/>	Disciplinary Action

<input type="checkbox"/>	Administrative Correction
<input type="checkbox"/>	Due to Clashes

<input type="checkbox"/>	Due to illness
<input type="checkbox"/>	Other

Departmental Approval:

.....
H.O.D. (Signature)

.....
Stamp and Date

Declaration

.....
hereby declare that the above information is to the best of my knowledge true
and correct

.....
Student Signature

.....
FACULTY OFFICER (Signature)

.....
Stamp and Date

.....
FILING OFFICER (Signature)

.....
Stamp and Date