



## APPEAL TO CONTINUE STUDY

### APPLICANT PARTICULARS

Name

Student ID

Telephone No.

Programme : \_\_\_\_\_

Intake Session : \_\_\_\_\_ Appeal Session : \_\_\_\_\_

Grade Point Average (GPA) : \_\_\_\_\_ Cumulative Grade Point Average (CGPA) : \_\_\_\_\_

Reason for Appeal : \_\_\_\_\_  
 \_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

### APPROVAL TO CONTINUE STUDY

Approval:		Date :
Academic Appeal Committee Meeting	<table border="1" style="width: 30px; height: 20px;"></table>	
Academic Committee Meeting	Bil...../.....	
Post Graduate Committee Meeting	Bil...../.....	
Senate Meeting	Bil...../.....	

ASSISTANT REGISTRAR	HEAD OF PROGRAMME	DEAN
Name: Date: Signature & Official Stamp:	Name: Date: Signature & Official Stamp:	Name: Date: Signature & Official Stamp:
STUDENT FINANCIAL UNIT	RECORDS & CONVOCATION UNIT	FACULTY
Name: Date: Signature & Official Stamp:	Name: Date: Signature & Official Stamp:	Name: Date: Signature & Official Stamp:

