

APPEAL FORM FOR LATE REGISTRATION

APPLICANT PARTICULARS

Name	
Student ID	
Telephone No.	
Faculty	:
Programme	:
Semester to Appeal	:
Reason to Appeal	:

COURSE REGISTRATION

No.	COURSE CODE	COURSE NAME	CLASS GROUP / LECTURER
1			
2			
3			
4			
5			
6			
7			
8			
TOTAL CREDIT TAKEN			

Signature: _____

Date: _____

RECOMMENDED / NOT RECOMMENDED	APPROVED / NOT APPROVED
FACULTY (HEAD OF PROGRAMME)	HEAD OF DEPARTMENT / DEPUTY DEAN (ACADEMIC)
Signature & Verification	Signature & Verification
Date:	Date:

VERIFICATION

STUDENT FINANCE UNIT	FACULTY/EXAMINATION UNIT *	RECORDS & CONVOCATION UNIT
Signature & Verification	Signature & Verification	Signature & Verification
Date:	Date:	Date:

* Applicable after Lecture Week 1

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