



APPLICATION FORM FOR REPEAT-REPLACE OF COURSES

Instructions: Each student is eligible to repeat-replace to a maximum of two (2) courses.

SECTION A : STUDENT'S INFORMATION (TO BE FILLED BY THE STUDENT)

Name & : Matric No. :	Latest CGPA & : Total Credits Hours Completed :
Telephone No.:	Email Address :
Programme :	Department & Centre of Studies :
Correspondence Address & Contact No. :	

SECTION B : COURSES TO REPEAT-REPLACE

1.	<table border="1"> <thead> <tr> <th>Matters</th> <th>Previous Course to be Repeated and/ or Replaced</th> <th>Course to Repeat and/ or Replace</th> </tr> </thead> <tbody> <tr> <td>Course Code</td> <td></td> <td></td> </tr> <tr> <td>Course Title</td> <td></td> <td></td> </tr> <tr> <td>Course Type</td> <td></td> <td></td> </tr> <tr> <td>Course Credit</td> <td></td> <td></td> </tr> <tr> <td>Grade Obtained</td> <td></td> <td>- not applicable -</td> </tr> <tr> <td>Semester Registered</td> <td></td> <td></td> </tr> </tbody> </table>	Matters	Previous Course to be Repeated and/ or Replaced	Course to Repeat and/ or Replace	Course Code			Course Title			Course Type			Course Credit			Grade Obtained		- not applicable -	Semester Registered		
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<p>_____ Student's Signature</p> <p>_____ Date</p>																						

SECTION C : RECOMMENDATION FROM HEAD OF DEPARTMENT

The candidate has met all the requirements stipulated in the PG Policies and Regulations. Therefore, the department decided to *RECOMMEND/NOT RECOMMEND his/her registration.

Signature & Stamp: _____ Date: _____

SECTION D : APPROVAL FROM THE DEPUTY DEAN (POSTGRADUATE) OF THE CENTRE OF STUDIES

Based on the department recommendation (if any), Centre of Studies *APPROVE/NOT APPROVE his/her repeat replace of the said course.

Signature & Stamp: _____ Date: _____

SECTION E : OFFICE USE (CENTRE FOR POSTGRADUATE STUDIES)

Action/ Remarks: _____ Date : _____