



OFFICE OF DEPUTY DEAN ACADEMIC AFFAIRS (DDAA)
 KULLIYAH OF ISLAMIC REVEALED KNOWLEDGE AND HUMAN SCIENCES

SUBSTITUTE COURSE FORM

SEMESTER SESSION

IMPORTANT NOTICE

1. This form is meant to help the undergraduate students who could not register courses as prescribed in the study plan due to any of the following reasons:
 - i. The intended course is compulsory but, the **department could not offer** it.
 - ii. The intended course is offered in the semester, however, there is a **clash** in the schedule of the intended course and the courses that are already registered by the student.
 - iii. The **class limit** of the intended course already exceeds and the department would not allow any further addition to the class.
2. You (herein referred to as the student who has asked to substitute the intended course with another course) are required to complete Section A and submit this form to the HOD of your programme and the HOD of the substituting course.
3. Both HODs are required to give recommendation for the request to substitute the course.
4. The completed form shall reach DDAA Office within adjustment period.
5. The form will be processed within seven **(7) working days after submission**.
6. The DDAA may register the course or another course that is recommended by **both HODs** to substitute with within your study plan.
7. You are advised to check your Course Registration Confirmation Slip for every semester regularly.

SECTION A: TO BE COMPLETED BY THE STUDENT

PERSONAL DETAIL					
Matric No:			Name:		
Mobile Phone No:			Email Address:		
Current Workload: <i>*Kindly attach your confirmation slip</i>			CGPA:		
THE SUBSTITUTE COURSE					
The intended course			The course to substitute with		
Course code / Title	Credit Hour	Section	Course code / Title	Credit Hour	Section
Code:			Code:		
Title:			Title:		
Code:			Code:		
Title:			Title:		
Code:			Code:		
Title:			Title:		

Student's Signature: _____

Date: _____

SECTION B: RECOMMENDATION BY THE HEAD OF DEPARTMENT (HOD)

Please tick (√) your decision.

Recommend

Rejected

Course (s) recommended to substitute:

The required course		The course to substitute with	
Course code / Title	Section	Course code / Title	Section
Code:		Code:	
Title:		Title:	
Code:		Code:	
Title:		Title:	
Code:		Code:	
Title:		Title:	

If rejected, please comment:

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HOD OF THE PROGRAMME	HOD OF THE SUBSTITUTING COURSE
Signature and Stamp: Date:	Signature and Stamp: Date:

SECTION C: APPROVAL BY THE DEPUTY DEAN ACADEMIC AFFAIRS (DDAA)

Please tick (√) your decision.

Approved, concurred with HOD recommendation

Rejected

If rejected, please comment:

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Signature and Stamp :
Date :

SECTION D: DDAA RECORD

Processed by: _____
(Signature & Stamp)

Date: _____

