



## 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.	<b>Matters</b>	<b>Previous Course to be Repeated and/ or Replaced</b>	<b>Course to Repeat and/ or Replace</b>
	Course Code		
	Course Title		
	Course Type		
	Course Credit		
	Grade Obtained		- not applicable -
	Semester Registered		
2.	<b>Matters</b>	<b>Previous Course to be Repeated and/ or Replaced</b>	<b>Course to Repeat and/ or Replace</b>
	Course Code		
	Course Title		
	Course Type		
	Course Credit		
	Grade Obtained		- not applicable -
	Semester Registered		
3.	<b>Matters</b>	<b>Previous Course to be Repeated and/ or Replaced</b>	<b>Course to Repeat and/ or Replace</b>
	Course Code		
	Course Title		
	Course Type		
	Course Credit		
	Grade Obtained		- not applicable -
	Semester Registered		
Student's Signature _____		Date _____	

**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 : \_\_\_\_\_