

APPLICATION FOR PERMISSION TO PULL DOWN A COURSE

Please note that this form must be signed off by the Head of Department of the course that you wish to pull down, before it is submitted to the Faculty Office for final sign off. You need to attach a copy of the timetable of your current year of study as well as the year of study from which you are requesting permission to pull down a course.

Surname and First name	<input type="text"/>	
Person Number	<input type="text"/>	Mobile number <input type="text"/>
Programme	<input type="text"/>	
Year of study being repeated	<input type="text"/>	
Courses being repeated	<input type="text" value="Course Code"/>	<input type="text" value="Course Name"/>
	<input type="text" value="Course Code"/>	<input type="text" value="Course Name"/>
	<input type="text" value="Course Code"/>	<input type="text" value="Course Name"/>
Requested pull-down course/s	<input type="text" value="Course Code"/>	<input type="text" value="Course Name"/>
	<input type="text" value="Course Code"/>	<input type="text" value="Course Name"/>
HOD Comments	<input type="text"/>	

APPROVED BY:

FULL NAME _____

DESIGNATION _____

SIGNATURE _____ DATE _____

For Office use only

PROCESSED BY:

FULL NAME _____

DESIGNATION _____

SIGNATURE _____ DATE _____