



STUDENT REQUEST FORM

School of

Student should use this form to formulate their requests, except for Appeals, Exemptions and Complaints.

Section A: To be filled by Student and submitted to the School Registry

Student Name: Student ID:

Email Address: Phone No.: (Mob):

Residential Address:

Programme: Year/Level: /

Cohort: Mode: FT/PT

Request For: (Please tick and provide details below)

- | | |
|---|---|
| <input type="checkbox"/> Testimonial | <input type="checkbox"/> Refund of Fees |
| <input type="checkbox"/> Interruption / Resumption / Withdrawal | <input type="checkbox"/> Copy of Lost Certificate |
| <input type="checkbox"/> Change to Full Time / Part Time Mode of Study | <input type="checkbox"/> Change of Name / Contact Details |
| <input type="checkbox"/> Extension of Dissertation / Project Submission | <input type="checkbox"/> Other (Please specify):..... |

Details of Request

Note: Please attach documentary evidence(s) for above request(s), if required.

Signature:

Date:

Section B: For Office Use

- Student has / does not have Financial Clearance. Statement of Results enclosed
- Student has/does not have Resource Centre Clearance.

Remarks, if any:

Signature (A. O Registry):

Date:

Programme Coordinator's Recommendations

Programme Coordinator:

Based on information provided and documents available, I hereby make the following recommendations.

(N.B: Wherever needed, basis / rationale of recommendation to be provided)

Note: Please attach additional sheets, if required, and return form to Registry.

.....
Signature (Programme Coordinator)

.....
Date

Section C: Approval

Recommended / Approved by Head of School, if required

Signature:..... **Date:**.....

Recommended / Approved by Registrar, if required

Signature:..... **Date:**.....

Recommended / Approved by Director General, if required

Signature:..... **Date:**.....

Student has been duly informed on
.....

.....
Signature (A.O, Registry)

.....
Date