

Ref No:

Office of the Registrar

Module Registration form

Name:	Student ID:
Course:	Year/Sem Enrolled:
Contact Number:	Campus:
Contact Address:	National ID:

Module Registration Details

Module code	Module name	Request for Enrollment	Request for Withdrawal
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

<i>For office use only</i>			
Received Date:		Received by:	
Handed to:		Processed by:	

Requirements for processing this request

- Module withdrawals before the end of week 7 of the semester will record a “W” (Withdrawal) result in your transcript, Withdrawals after week 7 of the semester will record an “N” (Fail) result.

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Module Registration Details

Module code	Module name	Request for Enrollment	Request for Withdrawal
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Submission Receipt Slip (this slip has to be retained by the student) This receipt has to be filled by an office staff.

Student Name:		Student ID:	
Course:		Approved by (Signature):	
Approved by (Name):			
Date:			