**Application to Add/Drop Course Unit/s**

* *Dropping or adding course unit/s is/are allowed within 2 weeks from the commencement of academic Year III Semester II / Year IV Semester I.*
* *The Head of the relevant Department should be consulted before dropping or adding course unit/s.*
* *A duly filled application form with the signature of the Head of the* *relevant Department should be submitted to the Assistant Registrar’s office within 2 weeks from the commencement of academic Year III Semester II / Year IV Semester I.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Student Name with Initials: ………………………………………………………………..……………………………… | | | | | | |
| Registration No: …………………………………….…………… | | | | | | |
| Department: …….………………………………….… | | | Majoring Module: …………………………......................... | | | |
| Academic Year: ……………………………………… | | | Semester: …………………………………...…....................... | | | |
| Date of Commencement of the Academic Semester: ……………………………………..…………………..…. | | | | | | |
| Contact: Mobile:…………………………… | | | Email:…………………………….………………………………. | | | |
| **Drop** | | | | | **Add** | | |
| Course Code | | Course Name | Reasons to Drop | | Course Code | Course Name | Reasons to Add |
|  | |  |  | |  |  |  |
|  | |  |  | |  |  |  |
|  | |  |  | |  |  |  |
|  | |  |  | |  |  |  |
|  | |  |  | |  |  |  |

………………………………….. …………………………..

|  |  |
| --- | --- |
| Signature of the Student | Date |
| ***Approved/Not Approved*** | |
| ………………………………….  Signature and Official Stamp  of the Head of the Department | …………………………..  Date |