



FORM ACA/REG/006: **DROP AND ADD FORM**

Date: **Mobile Number:**.....
Name of Student: **Admission No:**
Year of Study: **Semester:**
School/Department:
Programme: **Specialization:**

Please indicate the unit(s) you wish to Add or Drop. Refer to the website if necessary.

ADD

DROP

	Unit Code	Course Title
1		
2		
3		
4		
5		

	Unit Code	Course Title
1		
2		
3		
4		
5		

Student signature:

Date:

FOR OFFICIAL USE ONLY

SCHOOL/DEPARTMENT

Approved Not approved

Comments:
.....

Name: Sign:Date:
Dean/HOD

Effected by ICT:

Name: Sign: Date: