



# HO TECHNICAL UNIVERSITY

## AMNESTY/ SPECIAL RE-SIT EXAMINATIONS FORM

FULL NAME OF STUDENT.....

ID NUMBER..... YEAR OF ADMISSION.....

PROGRAMME OF STUDY..... LEVEL OF STUDENT.....

DEPARTMENT..... FACULTY.....

S/N	COURSE CODE	COURSE TITLE	CREDIT HOURS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

TOTAL NUMBER OF COURSES REGISTERED..... TOTAL NUMBER OF CREDIT HOURS.....

SIGNATURE OF STUDENT..... DATE.....

### APPROVALS:

#### FINANCE OFFICER:

I CONFIRM THAT THIS STUDENT HAS PAID ALL RE-SIT FEES IN FULL AND SHOULD THEREFORE BE ALLOWED TO REGISTER

SIGNATURE..... DATE.....

#### HEAD OF DEPARTMENT

SIGNATURE..... DATE.....

#### DIRECTOR OF ACADEMIC AFFAIRS

SIGNATURE..... DATE.....

TEACHING AND EXAMINATION SECTION