HO TECHNICAL UNIVERSITY

**2024 SPECIAL RE-SIT EXAMINATIONS FORM**

FULL NAME OF STUDENT……………………………………………………………………

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

PROGRAMME OF STUDY……………………………………….. LEVEL…………………..

DEPARTMENT……………………………………. FACULTY………………………………

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| --- | --- | --- | --- |
| **S/N** | **COURSE CODE** | **COURSE TITLE** | **CREDIT** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
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| 10 |  |  |  |

TOTAL NUMBER OF COURSES REGISTERED…………… TOTAL CREDIT HOURS………………

STUDENT SIGNATURE…………………………… 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………………………………..