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**HO TECHNICAL UNIVERSITY**

**FINAL 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 EXAMINATIONS SECTION***