

FORM ACA/REG/: UNIT EXEMPTION FORM

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

*Please sign against the course(s) for which you are requesting Credit Transfer/Exemption(s).
 Attach a copy of signed Transcript(s)/Grade slips.*

	Unit Code	Unit Title	Grade	Credit Hours	Student's Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

FOR OFFICIAL USE ONLY

SCHOOL/DEPARTMENT

Total approved credit hours:

Credits not approved:

	Unit Code	Unit Title
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

Name:

Dean/HOD

Sign:

Date: