

**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.					

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**FOR OFFICIAL USE ONLY**

**SCHOOL/DEPARTMENT**

**Total approved credit hours: .....**

**Credits not approved:**

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

**Name: .....**

**Sign: .....**

**Date: .....**

**Dean/HOD**