



APPLICATION TO TAKE ELECTIVE SUBJECTS

Given Name(s): _____

Family Name: _____

Student Number: _____

Course name: _____

Year: _____

Semester: _____

I wish to take the following elective subjects in the year and semester shown above:

Subject Code	Subject Name

Signature of Student: _____ **Date:** _____

For Office Use Only

Application recommended by HOS/CC:

Signature: _____ Date: _____

Application approved by Registrar:

Signature: _____ Date: _____

Application processed by Student Services Manager:

Signature: _____ Date: _____