



# UNIVERSITY OF GHANA

## RE-SIT REGISTRATION FORM FOR STUDENTS WHO SHOULD HAVE COMPLETED

**PLEASE RETURN THE COMPLETED FORM TO THE ACADEMIC OFFICE AT YOUR COLLEGE**

**\* This form must be completed in duplicate \***

Name:.....

Index Number..... Programme.....

Nationality: .....

E-mail: ..... Tel No.: .....

**Course code(s)**

**Credits**

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**Total Amount GH¢.....**

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**Signature – Student**

**Signature - Head of Department**

**Date .....**

**Date.....**