



UNIVERSITY OF GHANA

**SUPPLEMENTARY 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.....