



UNIVERSITY OF GHANA

**SUPPLEMENTARY RE-SIT REGISTRATION FORM FOR STUDENTS
WHO SHOULD HAVE COMPLETED (Special Cases
Only)**

**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

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Total Amount GH¢.....

.....

.....

Signature - Student

Signature - Head of Department

Date

Date.....