



# UNIVERSITY OF GHANA

## RE-SIT REGISTRATION FORM – SUPPLEMENTARY

### STUDENTS WHO SHOULD HAVE COMPLETED ONLY

**NOTE:** *Please return the completed form and payment receipt to the Academic Office at your College to complete the registration process*

#### BIOGRAPHICAL DATA

Name:.....  
Index Number..... Programme.....  
Nationality: ..... Year Completed.....  
E-mail: ..... Tel No.: .....

#### RE-SIT COURSES

Course Code(s)	Credits
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

Total Number of Credits .....

Signature - Student ..... Date.....

#### FOR OFFICIAL USE

Total Amount Due GH¢.....

.....  
Signature – College Academic Officer

.....  
Signature – Head of Department

Date .....

Date.....