



UNIVERSITY OF GHANA

RE-SIT REGISTRATION FORM – REGULAR

SPECIAL CASE STUDENTS 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

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Total Number of Credits

Signature - Student

Date.....

FOR OFFICIAL USE

Total Amount Due GH¢.....

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Signature – College Academic Officer

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Signature – Head of Department

Date

Date.....