



UNIVERSITY OF GHANA

RE-SIT REGISTRATION FORM – SUPPLEMENTARY

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
.....
.....
.....
.....
.....
.....

Total Number of Credits

Signature - Student Date.....

FOR OFFICIAL USE

Total Amount Due GH¢.....

.....
Signature – College Academic Officer

.....
Signature – Head of Department

Date

Date.....