

UNIVERSITY OF GHANA

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			
		Course code(s)	Credits
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	•••••		
Total Amount GH¢			
	••••••		
Signature - Student	Signature - Head of Department		
Date	Date		