LADOKE AKINTOLA UNIVERSITY OF TECHNOLOGY, OGBOMOSO	THE POSTGRADUATE SCHOOL ADD / DELETE COURSE FORM	Form PG 05

Session: _____Semester: _____ Matric No: _____

1. Names in full: _____
   (Surname in Caps) *(Other Names)*
2. Faculty: _____ Department: _____
3. Year of Admission: _____ Mode of Study (Part-Time or Full-Time):_____
4. Degree/Diploma in View: _____
5. Contact Address:_____
6. E-mail Address_____ Phone Number: _____
7. Course of Study (e.g. M. Tech): _____

S/N	Course Code	Course Title	Units	Added/Deleted

Total Number of Units originally registered for: _____
Total Number of Units after addition/deletion: _____
Student Signature and Date: _____
Recommendation of Head of Department: _____

_____

_____

Signature: _____ Date: _____

Dean of Faculty
Signature: _____ Date: _____

_____ _____

Dean Postgraduate School *Date*