

EE& T POSTGRADUATE SPECIAL ENROLMENT REQUEST FORM
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* For EE & T Students only *

STUDENT NUMBER: _____ **PROGRAM CODE:** _____

LAST NAME: _____ **FIRST NAME:** _____

TO ADD:

I authorize the School of Electrical Engineering & Telecommunications to enroll me in the following course(s):

COURSE CODE	COURSE NAME	SESSION	UOC

TO DROP:

I authorize the School of Electrical Engineering & Telecommunications to drop me in the following course(s):

COURSE CODE	COURSE NAME	SESSION	UOC

(STUDENT) SIGNED: _____ **DATE:** _____

(P/G CO-ORDINATOR) SIGNED: _____ **DATE:** _____

OFFICE USE ONLY	
Override required:	
Reason:	
Signed:	Date: