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RefNo:	
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Registrar Department

Request for Re-enrollment

Name:			Student ID:				
Last Attended Course:			Year/Sem Enrolled:				
Contact Number:			Campus:				
Contact Address:			National ID:				
Course To Be Enrolled	:						
Year/Sem Enrolled:							
Previous Sim Number number	& sim serial						
* Students would not be dongle, headset and we				are re e	nrolled a second	time. However,	
Signature:			Date				
For office use only							
Received Date:		Received by:					
Handed to:		Processed by:					
Tick the items you wan	it to buy						
Dongle	Headset		Webco		am		
×							
Submission Receipt Sli	ip (this slip has to b	e retained by the stu		has to	be filled by an off	ice staff.	
Student Name:			Student ID:				
Course:	irse:		Form number:				
Name (staff):			Signature (staff):				
Date:							
Item(s) received							
Dongle	Н	leadset	Webcam				