UNIVERSITY OF ESWATINI

CHANGE OF SUBJECTS/COURSES ON REGISTRATION FORM
(TO BE COMPLETED IN DUPLICATE – COPIES FOR ACADEMIC OFFICE AND FACULTY)

FACULTY: _____

NAME OF STUDENT: _____ **STUDENT ID:** _____

PROGRAMME OF STUDY: _____ **YEAR OF STUDY:** _____

COURSES TO BE TAKEN:

	COURSE CODE	COURSE FULL NAME
1.		
2.		
3.		
4.		
5.		
6.		
7.		

COURSES TO BE DROPPED:

	COURSE CODE	COURSE FULL NAME
1.		
2.		
3.		
4.		
5.		
6.		
7.		

STUDENT'S SIGNATURE: _____

TUTOR'S SIGNATURE: _____

DEAN'S SIGNATURE: _____

_____

(FOR ADMISSION OFFICE USE ONLY)

ACTIONED BY: _____

SIGNATURE: _____ **DATE:** _____