



POSTGRADUATE COLLEGE

REACTIVATION OF LAPSED REGISTRATION

(To be completed in quintuplicate)

Session ----- Matric No. -----

1. Name (in full) -----

(Surname first)

2. Address during session -----

3. E-mail address -----

4. Telephone Number -----

5. Name and Address of Sponsor-----

6. Name and Address of Employer (If different from 5 above) -----

7. Department/ Faculty -----

8. Degree in View -----

9. Session of first Registration -----

10. Session of last Registration -----

11. Total number of Semesters already completed: Part-time Full-time

12. For how many sessions did you fail to register? 1 Session 2 Sessions

13. Are you now prepared to continue and complete your programme without any further interruption? Yes: No:

14. Candidate's Signature _____ Date _____

15. Comments of the Head of Department -----

Signature ----- Date -----

Secretary Postgraduate College

Date

Comments of The Provost of The Postgraduate College

Date