

TO BE COMPLETED BY STUDENT:

List here ONLY the units of study you wish to DISCONTINUE.

<u>Unit Code</u>	<u>Unit Name</u>	<u>Semester</u> <u>1 or 2</u>	

List here ONLY the units of study you wish to ADD.

MODE OF STUDY

<u>Unit Code</u>	<u>Unit Name</u>	<u>Semester</u> <u>1 or 2</u>	For B.N Post-Reg (GH009) LOCAL students only
			<input type="checkbox"/> On-Line / <input type="checkbox"/> On-Campus
			<input type="checkbox"/> On-Line / <input type="checkbox"/> On-Campus
			<input type="checkbox"/> On-Line / <input type="checkbox"/> On-Campus
			<input type="checkbox"/> On-Line / <input type="checkbox"/> On-Campus
			<input type="checkbox"/> On-Line / <input type="checkbox"/> On-Campus

Approved by Course Coordinator: _____
Signature

Date: _____

- Incomplete forms **WILL NOT** be processed;
- An updated Confirmation of Enrolment notice should be forwarded to your postal address to confirm your enrolment and recent changes.
It is your responsibility to ensure that the information appearing on your Confirmation of Enrolment notice is correct.
- Please notify Student Services at the Faculty of Nursing & Midwifery if you do not receive this confirmation.
Please note, it is your responsibility to ensure that you fulfill the requirements of your course of study.



TO BE COMPLETED & RETAINED BY STUDENT AS A RECEIPT.

List here <u>ONLY</u> the units of study you wish to <u>DISCONTINUE</u> .		List here <u>ONLY</u> the units of study you wish to <u>ADD</u> .	
	<u>Code</u>		<u>Code</u>
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	