



SUBJECT CANCELLATION FORM (LS151A)

Note: Cancellation of subjects by a registered student-during the course control period¹ (Complete in triplicate)

Student no.:	Surname:	Initials:
Qualification name:	Contact number:	
Qualification Code:	Offering type (e.g. Full time/Part-time):	

Reason for cancellation:

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1. Subjects to be **CANCELLED** (e.g. CXX10AS)

Sign off by Head of Department whose subjects you terminating.

Approval- HOD signature:

Total CANCELLED:

Disclaimer:

I acknowledge that the information reflected on this form is correct, and that I will be liable for any associated fees should the information contained herein be incorrect. **It is my responsibility to ensure that my Proof of Registration reflects the correct subjects.**

Student signature: _____

Date: _____

Office Use Only

Faculty Administrator(Compliance) to sign: Sign: _____ Date: _____ This form must be signed-off by the Faculty Administrator.	Faculty Stamp:	Processed by Academic Structure and Student Enrolment Services: Sign _____ Date: _____
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¹ After the Course Control period has lapsed, (the student) provide a motivation and supporting documentation where applicable. The Lecturer to write a memo in cases of proof of class attendance.