



## Course Control Form (LS151A)

**Note:** Cancellation of subjects by a registered student. (Complete in triplicate)

<b>Student no.:</b>	<b>Surname:</b>	<b>Initials:</b>
<b>Learning Programme:</b>	<b>Contact number:</b>	
<b>Code:</b>	<b>Offering type (e.g. Full time or Part-time):</b>	

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

*sign-off by Department whose subjects you are terminating* HOD signature

										<b>Total TERMINATED:</b>

**Reason for cancellation:** .....

**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**

<p><b>Faculty Administrator to sign:</b></p> <p>Sign: _____ Date: _____</p> <p>This form must be signed-off by the Faculty Administrator.</p>	<p><b>Faculty Stamp:</b></p>	<p><b>Processed by Academic Structure and Student Enrolment Services:</b></p> <p>Sign _____ Date: _____</p>
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