



FORM MIS-03

**KEBBI STATE UNIVERSITY OF SCIENCE AND TECHNOLOGY, ALIERO
(POSTGRADUATE SCHOOL)**

ADD OR DROP FORM

1. Admission Number: _____

2. Name: _____
 Title Surname, First Name Middle Name

Former Surname (if any): _____

3. Faculty: _____ Department: _____

4. Programme: _____

5. Level of Course: _____
(Please choose the appropriate level - 600, 700 or 800 level)

6. Number of courses added or dropped: _____

Session: _____ Semester: _____ (1 or 2)

ADD		DROP	
Course Code	Course Unit	Course Code	Course Unit

7. Previous Total Credit Units Registered for: _____

8. Current Total Credit Units Registered for after **ADD/DROP**: _____

Signature of Student: _____ Date: _____

Signature of Head of Department: _____ Date: _____

Signature of Secretary PG School: _____ Date: _____

Distribution: Postgraduate School, Department and Academic Office