



APPLICATION FOR COPY OF TEACHING PLAN BY KUIS ALUMNI

APPLICANT'S NAME	
ADDRESS	
TELEPHONE NO.	
PREVIOUS PROGRAMME	
PREVIOUS SESSION INTAKE	
PREVIOUS MATRIC NUMBER	
PURPOSE OF APPLICATION	

LIST OF TEACHING PLAN APPLIED:

NO.	COURSE CODE	COURSE NAME
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

SIGNATURE OF APPLICANT		DATE	
------------------------	--	------	--

IMPORTANT: APPLICANT IS REQUIRED TO ENCLOSE ANY OF THE FOLLOWING DOCUMENTS

- OFFER LETTER FROM THE UNIVERSITY
- COPY OF APPLICATION FORM FOR CREDIT EXEMPTION FROM CURRENT UNIVERSITY
- CONFIRMATION LETTER FROM CURRENT UNIVERSITY

VERIFICATION BY HEAD OF DEPARTMENT / HEAD OF PROGRAMME	FOR OFFICE USE ONLY
SIGNATURE: _____	ATTENDED BY: _____
NAME: _____	NAME: _____
DATE: _____	DATE: _____
COP : _____	
<input type="checkbox"/> APPROVED	RECEIVED BY: _____
<input type="checkbox"/> NOT APPROVED	NAME: _____
NOTE: _____	DATE: _____