



APPLICATION TO AUDIT A COURSE (WEEK 1)

SECTION A (STUDENT'S INFORMATION)

NAME : _____
TELEPHONE NO. : _____ MATRIC NO. : _____ EMAIL : _____
MAJOR / PROGRAMME : _____
SEMESTER : _____ SESSION : _____ YEAR : _____
CREDIT EARNED : _____ CURRENT WORKLOAD (CREDIT HOURS) : _____ CGPA : _____

* Kindly attach your confirmation slip

SECTION B (COURSE'S INFORMATION)

COURSE CODE	COURSE TITLE	SECTION	CREDIT HOUR

REASONS:

SECTION C (DECLARATION BY THE STUDENT)

STUDENT'S SIGNATURE : _____ DATE : _____

SECTION D (RECOMMENDATION BY THE COURSE INSTRUCTOR)

RECOMMENDED		SIGNATURE & STAMP : _____ DATE : _____
NOT RECOMMENDED		
REMARKS:		

SECTION E (APPROVAL BY HEAD OF DEPARTMENT)

APPROVED		SIGNATURE & STAMP : _____ DATE : _____
NOT APPROVED		
REMARKS:		

SECTION F (VERIFICATION BY THE KCDI ACADEMIC OFFICE)

VERIFIED BY : _____ DATE : _____
(SIGNATURE & STAMP)