

FOR OFFICIAL USE

NOTE : ALL THE ENTRIES BELOW ARE REQUIRED

REMARKS BY THE HEAD OF DEPARTMENT :

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.....

NAME OF HEAD OF DEPARTMENT :

SIGNATURE :

DEPARTMENT :

DATE :

DECISION OF FACULTY BOARD :

MINUTE REF. NO.

FACULTY ADMINISTRATIVE OFFICER/MANAGER

I HEREBY CERTIFY THAT I HAVE:

- A. NOTIFIED THE STUDENT OF THE OUTCOME
- B. CAPTURED THE RECOGNISED MODULE/S

NAME :

SIGNATURE :

DATE :