# School of Art, Design and Media (ADM)

**Registration of Graduate Courses for Students from other School/Programme**

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| Student Information | | | |
| Name: |  | Matric No: |  |
| School: |  | Programme of Study/Year: |  |
| Contact No: |  | | |
| Semester |  | | |
| Course(s) to register | (Please indicate course code & course title of the PhD course which you wish to take) | | |
|  | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Signature of Student Date  To Student: Please attach a copy of your past academic results (from GSLink) for courses taken in your programme of study. | | | |
| To be Completed by Supervisor | | | |
| [ ] I RECOMMEND / DO NOT RECOMMEND the above course(s) to be taken by my student.  Remarks, if any:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  Name of Supervisor Signature Date | | | |
| To be Completed by Associate Chair from other programme/School) | | | |
| [ ] I APPROVE / DO NOT APPROVE the above course(s) to be taken by the student.  Remarks, if any:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  Name of Associate Chair Signature Date | | | |
| To be Completed by Associate Chair (Research), ADM | | | |
| [ ] I APPROVE / DO NOT APPROVE the above course(s).  Remarks, if any:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  Name of Associate Chair Signature Date | | | |

**To Student : This form must be approved by your School within the Registration Period as indicated, otherwise the course(s) you wish to register will be dropped automatically.**