

## ELECTIVE SELECTION FORM

If you are selecting a course from another programme to count towards your \_\_\_\_\_ Programme,  
please complete the details below:

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

School: \_\_\_\_\_

To be completed by Elective  
Programme Coordinator

Programme Name	Course No.	Stream	Course Name	Semester	Year	To be completed by Elective Programme Coordinator	
						Elective approved	Space available on course

The electives must also be approved and signed by your  
Main Programme Coordinator:

\_\_\_\_\_  
Signature of Main Programme Coordinator

\_\_\_\_\_  
Date

CHECKLIST	Date:
ELECTIVE SECRETARY Returned elective form to programme secretary along with: Timetable Rules and Regulations Booklist	
PROGRAMME SECRETARY Sent confirmation letter to student along with: Timetable Rules and Regulations Booklist	
Registry	