



# COURSE ENROLMENT REQUEST FORM

## Instructions:

1. Complete sections A, B and C.
2. Obtain the required signatures for approval.
3. Return the form to the Office of the Registrar – Admissions and Registration section before the semester add/drop deadline.

## Special Notes:

- Students are not permitted to attend course(s) without written consent from the Office of the Registrar.
- All requests will be processed within 3 business days.
- Students will receive a course enrolment notification email from the Office of the Registrar via [registration@cfbc.edu.kn](mailto:registration@cfbc.edu.kn) after their request has been processed.

## SECTION A: STUDENT INFORMATION

CFBC ID#:	Last Name:	First Name:
Programme:	Year of Study: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Semester: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Student's Signature:		Date (dd/mm/yyyy):

## SECTION B: REQUEST *(Please indicate your request by ticking the appropriate box)*

- Waive Prerequisite Requirement(s) (This request requires the approval of the course lecturer and Dean)
- Register for a course(s) a third time (This request requires the approval of your Advisor or Dean)
- Override a time conflict (This request requires the approval of both course lecturers and Dean)
- Register for course in another programme (This request requires the approval of your Dean)

## SECTION C: COURSE INFORMATION

	COURSE CODE	COURSE TITLE	LECTURER	TIME
A				
B				
C				

## SECTION D: SIGNATURES FOR APPROVAL

\_\_\_\_\_  
Lecturer's Name (for Course A)

\_\_\_\_\_  
Lecturer's Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Lecturer's Name (for Course B)

\_\_\_\_\_  
Lecturer's Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Name of Dean/ Advisor

\_\_\_\_\_  
Signature of Dean/ Advisor

\_\_\_\_\_  
Date (dd/mm/yyyy)

## SECTION E: OFFICE OF THE REGISTRAR

Date Received:	<b>Action:</b> Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Date Processed:	Authorized Signature:
Date of Student Notification:	Comments: