



Office of the Registrar
Examinations Department
Tel: (016) 950 9477 fax: (016) 950 9773

REQUEST TO STUDY AT ANOTHER INSTITUTION

I _____ Student Number: _____

Name of Course: _____ Course Code: _____

Request permission to complete the following modules at _____

#	<u>Module Name</u>	<u>VUT Module code</u>	<u>Other Institution code</u>	Hod for the Subject concerned & signature YES/ NO
1				
2				
3				
4				
5				

Reason for requesting to complete module/s at another institution: _____

I understand that VUT reserves the right to decline or grant exemption after successful completion of the above named module (s) on the basis of differences in the curriculum, content between VUT and the institution selected above.

Student Signature

Date

For office use only

HOD Name: _____

Examination Official: _____

HOD Signature: _____

Faculty: _____

Programme: _____

Date: _____

