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Off campus course proposal

1.0 Contact details

SURNAME | FIRST NAME | ID NUMBER

2.0 Faculty supervisor

SURNAME | FIRST NAME

3.0 Course

COURSE CODE | COURSE NAME | CREDIT VALUE

☐ student has met course prerequisites

3.1 Details of course work proposed

4.0 Method of correspondence between faculty and student during off campus study

5.0 Acknowledgement of terms of off campus course proposal

STUDENT SIGNATURE | DATE

FACULTY SIGNATURE | DATE

DIVISION CHAIR SIGNATURE | DATE