

FOR OFFICIAL USE ONLY

C. Dean of Faculty

I have assessed the request for graduation and I recommend/ do not recommend for consideration.

Name _____ Sign _____ Date &Stamp _____

D. Registrar ASA

The student may be considered/not be considered for graduation in _____.

Reason if not considered _____

Name _____ Sign _____ Date/Stamp _____

E. Any other Comments/Remarks

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