



PhD YEARLY COURSE OUTLINE FORM

Submit copies of the completed and signed form to: (1) Registrar (2) Department Head (3) Major Supervisor(s)

Student Name: _____ **Student I.D.:** _____

Address: _____

Department: _____

Period of Report: _____

COURSES		
Course Code	Course/Subject Title	Instructor

Student Signature: _____ **Date:** _____

By signing above, I certify that the information provided in my Course Outline is accurate. I acknowledge that knowingly providing false information is considered grounds for dismissal from the University.

OFFICE USE ONLY

Head of Department:

I approve this student's course outline

I do not approve this student's course outline

Please outline reason for refusal:

Head of Department Signature: _____ **Date:** _____
