

COURSE UNIT REGISTRATION | AUDIT STUDENT

Date: ST/04/AR/04

Postgraduate Institute of Archaeology (PGIAR)

1. Student Number #. 2. Name with Initials:
3. NIC/Passport # 4. E-mail: 5. Contact phone:
6. Full Name:
7. Academic year: 8. Semester: 9. Auditing Fees: Rs.
10. Institutional affiliation:
11. Course Unit code and name:
12. Reasons for auditing: a. to update my knowledge; b. to prepare myself for promotion exam
13. Endorsement by a PGIAR Faculty member and her/his signature: *"I am in favor of this Audit application"*
Signature of faculty member:
14. Coordinator's signature: 13. Principal Lecturer's consent: YES | NO Signature:
15. **Student's signature:**

Note: Without the Principal Lecturer's consent your request for Audit Student registration will not be approved.

Office Use

APPROVED | NOT APPROVED: AR/Academic