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| School | : |  |  |
| Programme | : |  |  |
| Semester | : |  |  |
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*\* This form must be completed and submitted to Examination Unit, AARD* ***two (2) weeks before the revision week****.*

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| NO | STUDENT NAME | STUDENT ID | COURSE CODE | COURSE NAME | COURSE LECTURER | REASON TO BE BARRED | REMARKS |
| (ATTENDANCE/COURSEWORK, ETC.) | NUMBER OF ABSENTEEISM/ COURSEWORK (%) |
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| **RECOMMENDATION** | | **APPROVAL** | |
|  | Name: |  | Name: |
| Position: | Position: |
| School: | School |
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