

# SYLLABUS & LESSON REQUISITION FORM

Programme : \_\_\_\_\_

NO	MODULE CODE	MODULE NAME	SYLLABUS NO OF COPIES	LESSON PLAN NO OF COPIES
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Lecturer's Name : \_\_\_\_\_ Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Academic Director Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Purpose : \_\_\_\_\_

Approved by MIS /QA : \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_