



## IMPROVEMENT OF COURSES FORM

**All Nations University**

PART A: To be completed by the Student

**Date:**

**Full Name:**

**Index Number:**

**Department:**

**School:**

**Session:** Regular      Evening      Weekend

**Phone Number:**

**Email ID:**

**Signature:**

Course Code

Course Name

Grade Obtained

Examination Month & Year

PART B: Office Use Only

Vice-President (Academic Affairs) Signature:

H.O.D Signature: