|  |
| --- |
| **REPLY COUPON FOR GRADUATING STUDENTS** |

**Tick (√) appropriately in the box and the table below;**

I ……………………………………………… of Student No.……………………………………have confirmed my details as follows;

|  |  |  |
| --- | --- | --- |
| **Programme of Study** | **Region** | **Student Details** **\*Fill in the necessary information where there is a correction to be made** |
| \*Write qualification code only as shown in the key.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Francistown (FP) |  | Names checked and all correct |  |
| Names need correction (**indicate where correction is required**) |  |
| Gaborone (GP)  |  | Academic record has been checked – **\* no corrections required** |  |
| Academic Record has been checked – **\* correction required as shown**  |  |
| Kang (KP) |  | Copy of transcript attached for corrections as indicated |  |
| **Key:** SSBM – Small Scale Business ManagementMSO – Microsoft Office SuiteCDM – Certificate in Disaster ManagementCBWCY – Community Based Work with Children and YouthCDEP – Certificate for Distance Education Practitioners DIECDM – Diploma in Integrated Early Childhood DevelopmentDHRM – Diploma in Human Resources ManagementDBM – Diploma in Business ManagementBBALCM – Bachelor in Business Administration - Leadership and Change ManagementBBENTR - Bachelor in Business EntrepreneurshipBCOMME – Bachelor of Commerce (Human Resources & Industrial Relations)BEDSIE – Bachelor of Education (Special & Inclusive Education)BEDPRI – Bachelor of Education (Primary Education)BEDIEC – Bachelor of Education (Early Childhood Development)PGCQAE – Post Graduate Certificate in Quality Assurance in EducationCEMBA – Commonwealth Executive Master of Business AdministrationCEMPA - Commonwealth Executive Master of Public AdministrationMEDEL – Master of Education (Educational Leadership) |
| Maun (MP) |  |
| Palapye (PP) |  |

\*This REPLY COUPON must be completed and submitted at your Regional Campus to confirm that your names in the Graduation list have been written correctly.

Student’s

Signature: ………………………………………………….. Date: ……………………….

Regional Coordinator: ………………………………..…………………………………………

Signature: ………………………………………………….. Date: ……………………….

Date Stamp: