



USMANU DANFODIYO UNIVERSITY, SOKOTO
LEARNING MANAGEMENT SYSTEM
COURSE(S) REQUEST FORM

TO: Director, MIS

Kindly arrange to make available the following course(s) for blended learning as indicated below:

Faculty: _____ Department: _____
Program: _____ Session: _____
Semester: _____

COURSES

S/N	Course Code	Course Title	No. of Students
1			
2			
3			
4			

Lecturer's Name **Signature** **Date** **Phone No**

Email Address **SP No**

HOD's Endorsement

HOD's Name **Signature** **Date**

Dir, MIS Signature

Date