

## **CALCULATOR APPROVAL FORM FOR REP**

**Instruction to students:** Please complete this form and submit it together with your calculator and its accompanying manual (English) to REP Office for approval. You will be informed of the outcome via email.

### **TO BE COMPLETED BY STUDENT**

**Name of Student** : \_\_\_\_\_  
**Year of study** : \_\_\_\_\_  
**Matric Number** : \_\_\_\_\_  
**Contact No (H/P)** : \_\_\_\_\_  
**Email** : \_\_\_\_\_  
**Calculator Model** : \_\_\_\_\_

**Please complete the calculator capability checklist. Please tick as appropriate**

1. A graphic/programmable calculator ☐ **YES** ☐ **NO**
2. A wireless communication device, eg. Blue-tooth, WIFI ☐ **YES** ☐ **NO**
3. A scanning device, eg. possess camera function ☐ **YES** ☐ **NO**
4. Possess a maximum memory size of 128Kb ☐ **YES** ☐ **NO**
5. Ability to perform symbolic calculation ☐ **YES** ☐ **NO**
6. Generation of audio from calculator ☐ **YES** ☐ **NO**
7. Spreadsheet manager function ☐ **YES** ☐ **NO**
8. Word processor functions or the ability to input alpha numeric details ☐ **YES** ☐ **NO**
9. Incorporated External Storage Capacity/External Memory Card ☐ **YES** ☐ **NO**
10. Possess electronic references, organizer/personal planners/travel organizer/  
powerpoint capabilities ☐ **YES** ☐ **NO**

I declare that the information given above is true to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **FOR OFFICIAL USE ONLY**

**Please tick as appropriate** ☐ **APPROVED** ☐ **NOT APPROVED**

**If not approved, please state reason :**

\_\_\_\_\_  
**Signature and Name of approving officer**

\_\_\_\_\_  
**Date**