

COURSE REGISTRATION FORM



Name : _____

Matric number : _____

Telephone number : _____

Faculty : _____

Programme : _____

Intake : _____

Head of Programme : _____

COURSE REGISTRATION								
NO	COURSE CODE							NAME OF COURSE
1								
2								
3								
4								
5								
6								
7								
8								

Total of credit taken : _____

Student signature,
Date :

Mentor / Head of Programme approval,
Name & stamp :
Date :