



COURSE REGISTRATION FORM

Student's Name:

Empty grid for Student's Name

(In BLOCK letters and as stated in Identity Card/Passport)

IC No./Passport/ISID: _____

Race: _____

Matric Card Number: _____

Semester/Session: _____

Programme: _____

Email: _____

Please fill in the boxes clearly and correctly. If you are registering for more than 10 courses, please use two forms. Fill the code 'UM' in the status column for Repeat Course, 'HW' for the Compulsory Attendance, 'HS' for Attendance Only, 'HWUM' for the Compulsory Attendance Repeat Course.

Table with 6 columns: NO., COURSE CODE, SECTION, STATUS, CREDIT, LECTURER'S SIGNATURE. Rows 1-10 and a Total Credit row.

Mailing Address:

Empty grid for Mailing Address

Postcode:

Grid for Postcode

Town or State

Grid for Town or State

I intend to register for the courses above.

Agree/Disagree

(Student's Signature)

(Academic Advisor's or Supervisor's Signature)

Mobile Phone No: _____

Name: _____

Date: ____/____/____

Tel. Extension: _____

Date: ____/____/____

IF THE ACADEMIC ADVISOR OR SUPERVISOR DISAGREE
Dean's/Deputy Dean's of Academic Decision
Signature: _____ Date: ____/____/____