



COURSE REGISTRATION FORM

Student's Name: _____

(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. 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.

NO.	COURSE CODE	SECTION	STATUS	CREDIT	LECTURER'S SIGNATURE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
Total Credit (Exclusive of 'HS' courses)					

Mailing Address: _____

Postcode: _____ 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

Approved/Not Approved

Signature: _____

Date: ____/____/____