

# 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 :