

ADMISSION OFFICE

COURSE REGISTRATION FORM

NAME: _____

MATRIC NUMBER: _____

DEPARTMENT/COURSE OF STUDY: _____

ACADEMIC SEMESTER: _____

ACADEMIC LEVEL: _____

ACADEMIC SESSION: _____

PROGRAM OF STUDY: _____

B.SC: _____

S/N	COURSE TITLE	COURSE CODE	CREDIT UNIT	LECTURER SIGN

I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE

Student Signature and Date

HOD Signature and Date