

COURSES FOR 2017/2018 ACADEMIC YEAR

SEMESTER 1/ 3/5

	COURSE CODE	COURSE TITLE(INFULL)	CREDIT HOURS
1			
2			
3			
4			
5			
6			
7			
8			
9			
		TOTAL CREDIT HOURS	

CARRYOVER FOR 2016/2017 ACADEMIC YEAR

	COURSE CODE	COURSE TITLE(INFULL)	CREDITS	SEM1OR2C OURSE	CARRYO RSUPP
1					
2					
3					
4					

SEMESTER 2/4/6

	COURSE CODE	COURSE TITLE (IN FULL)	CREDIT HOURS
1			
2			
3			
4			
5			
6			
7			
8			
9			
		TOTAL CREDIT HOURS	

- Student's Declaration I declare with certainty that the information given above is correct.
- I have received the By Laws and I shall observe the general regulation of the University College and obey all lawful authorities in the College:
- Student By Laws, exercise discipline, shall promote the good name of the University College. I shall participate in all academic activities conducted from **Monday through Saturday**.

Student's Signature _____ Date: _____

FOR ADMINISTRATIVE USE ONLY

Name & Signature (Head of Department)

Date

Name & Signature (Dean of faculty)

Date

Name & Signature (Depute Principal-
Academic)

Date

CERTIFICATION BY THE ACCOUNTANT

Payment of Fees (Bursar's Office)

The required Amount of fees for registration of the

Student have been paid: Amount paid _____

Name (Bursar)

Signature

Date

CERTIFICATION BY DEAN OF STUDENTS

The student is registered residing

IN Campus

OFFCAMPUS _____ Landlord's Contact _____

Name (Dean of Students)

Signature

Date

ALL RELEVANT PROCESSES HAVE BEEN VERIFIED BY

Admission Officer:

Name

Signature

Date

NB: This form should be returned to Admission Office for Completion of your registration**