



REGISTRATION FORM FOR CONTINUING STUDENTS

NAME: _____ Reg. No. _____

PROGRAMME _____ Level (tick) Certificate, Diploma, Degree, Masters

Mode of Study (tick) Regular, Part-time, ODEL SB

S/No.	Unit Code	Unit Title	Credit Hrs
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
	Total		

HoD, Name _____ Finance Officer, Name _____ Registrar, Name _____

Sign _____ Sign _____ Sign _____

Date _____ Date _____ Date _____



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