



# PRESBYTERIAN UNIVERSITY OF EAST AFRICA

## REGISTRATION FORM - *NEW STUDENTS*

Admission Number \_\_\_\_\_

Name (As you wish to appear on the Certificate): \_\_\_\_\_

Programme: \_\_\_\_\_ Specialization: \_\_\_\_\_

Current Postal Address \_\_\_\_\_ City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

National ID/Passport (indicate No): \_\_\_\_\_

### Mode of Study

Full-Time [  ]      Part-Time [  ]      Open & Distance Learning [  ]      School Based [  ]

### For Official Use Only

#### PART I: IDENTIFICATION AND VERIFICATION OF DOCUMENTS (PLEASE TICK)

Letter of Offer (Appli No): \_\_\_\_\_ Photos received [  ] not received [  ]

Code of Conduct: \_\_\_\_\_ Medical Report: \_\_\_\_\_

Original Results/Certificates \_\_\_\_\_ **FEES (Deposit slip [  ] Bankers Cheque [  ]**

Verifying Officer \_\_\_\_\_ Signature \_\_\_\_\_ Date (Stamp) \_\_\_\_\_

**NB: All students are required to register online for their courses before they pay at finance office. Kindly Observe**

**PART II: LIBRARY REGISTRATION**

Registering Officer \_\_\_\_\_ Signature \_\_\_\_\_ Dates \_\_\_\_\_

**PART III: UNITS OF REGISTRATION(Online Registration of Courses)**

	Unit Code	Unit Title	Credit Hrs.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
<b>Total</b>			

Approved: .....Date: .....  
**Academic Advisor**

Approved: ..... Date: .....  
**Head of Department** **Stamp**

**PART IV: ACCOUNTS DEPARTMENT**

Total No. of Units		
Paid		
Balance		
Penalty		
Accommodation Fees		
Total		

**FINANCE OFFICER NAME** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**PART V: ADMISSION'S OFFICE**

**Returning of Registration Forms**

Officer's Name: ..... Date: .....

**Student's**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Cc: One copy Registry

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