



Student's Name: _____
(In BLOCK letters and as stated in Identity Card/Passport)

Matric Card No. :

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 Session/Semester :

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IC No./Passport/ISID :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Total Credit Transferred :

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Year/Program :

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 Email : _____

Please fill in the boxes clearly and correctly. If you are registering for more than 12 courses, please use two forms. Fill the code 'UM' in the status column for Repeat Course, 'HW' for the Compulsory Attendance 'HS' for Attendance Only 'HWUM' Compulsory Attendance Repeat Course.

NO.	COURSE CODE								SECTION	STATUS				CREDIT	LECTURER'S SIGNATURE			
1.																		
2.																		
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		
9.																		
10.																		
11.																		
12.																		
Total Credit (Exclusive of 'HS' courses)																		

Mailing Address :

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Postcode :

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 Town or State :

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I intend to register for the courses above.

Agree/Disagree

(Student's Signature)

(Academic Advisor's Signature)

Mobile Phone No : _____

Name: _____

Tel. Extension: _____

Date: ____/____/____

Date: ____/____/____

IF THE ACADEMIC ADVISOR DISAGREE

Dean's Decision

Approved/Not Approved

Signature _____

Date ____/____/____