



REGISTRATION FORM

Admissions number: _____

Student/Participant's Name: _____

(Surname)

(Other names)

Name & code of course enrolling/registering for: _____

Duration of study.....

Year of Study.....Semester/Term.....

Postal Address.....Code.....Town.....

Telephone.....email.....

Student signature: Date:.....

SPONSOR DETAILS

Name of Sponsor(Self/Name of Organization).....

Relationship with applicant (Parent/Guardian/employer e.t.c).....

Postal Address.....Code.....Town.....

Telephone.....email.....

FOR OFFICIAL USE ONLY**1. Section Head/CL Office**

Name of Officer:Signature:Date:

2. Finance Department

Name of Officer:Signature:Date:

Amount Paid.....

3. Dean of Students' Office

Name of Officer:Signature:Date:

4. Students' Registry (Nominal Roll No.)

Name of Officer:Signature:Date:

(Must have Departmental Stamp in each section)