

**Registration Form---- Summer Session 2016**  
**(Incomplete form will not be accepted)**

Reg No: \_\_\_\_\_ Name: \_\_\_\_\_

Discipline / Program \_\_\_\_\_ Section: \_\_\_\_\_ Sign & Date: \_\_\_\_\_

Present Semester: \_\_\_\_\_

Repeat Semester Courses i.e 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> / 4<sup>th</sup> / 5<sup>th</sup> / 6<sup>th</sup>: \_\_\_\_\_

Repeat Course (s) being requested

- a. \_\_\_\_\_ Course Code \_\_\_\_\_ Credit Hours \_\_\_\_\_
- b. \_\_\_\_\_ Course Code \_\_\_\_\_ Credit Hours \_\_\_\_\_
- c. \_\_\_\_\_ Course Code \_\_\_\_\_ Credit Hours \_\_\_\_\_
- d. \_\_\_\_\_ Course Code \_\_\_\_\_ Credit Hours \_\_\_\_\_

**Remarks by Program Manager / Coordinator (As applicable)**

Remarks: \_\_\_\_\_

Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

**Recommendation / Remarks by HoD**

Remarks: \_\_\_\_\_

Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

**Recommendation by Dean** Sign \_\_\_\_\_ Date \_\_\_\_\_

**Endorsement by Finance Department**

Remarks: \_\_\_\_\_

Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

**Action by Deputy Registrar**

**Remarks:** \_\_\_\_\_

Courses added of previous semester for summer session \_\_\_\_\_

Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

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**Student's Receipt**

Candidate Name

Submission Date

Registration No

Form No:

Discipline / Program

Course Registered

Authorize Signature & Date: \_\_\_\_\_