REGISTRATION FORM

STUDENT DETAILS

First name | Middle name | Surname

Adm. No. | Course | Year

Mobile No. | Email

National ID No.

Signature | Date

FINANCE OFFICE

Fees Paid | Receipt No | Balance

Officers Name

Signature | Date

ICT DEPARTMENT

I certify that this student has registered for the biometrics and enrolled as a student in the current semester.

Name of HoD

Signature | Date

HEAD OF DEPARTMENT

I certify that this student has met the prerequisite and registered for the courses on offer as per the curriculum requirements.

Name of HoD

Signature | Date

REGISTRAR

I certify that this student is fully registered and can commence classes

Name of Registrar

Signature | Date