



NEW SEMESTER REGISTRATION AND CLEARANCE FORM

Tick in the box as appropriate

Returning Student

New

STUDENT DETAILS

First Name:		Student Number:	
Other Name:		Programme Name:	
Surname:		Intake:(Circle)	<i>Jan /June/ Jul / Oct</i>
Email:		Mode of Study: (Circle)	<i>Distance / Fulltime / Part-time</i>
Contact Number/s:		Level: (Circle) <i>(e.g. Year 1, Semester 1)</i> is Y1S1	<i>Y1S1 / Y1S2 / Y2S1 / Y2S2 / Y3S1 / Y3S2 / Y4S1 / Y4S2</i>

MODULES TO BE TAKEN THIS SEMESTER

Module Code	Module Name

OFFICIAL USE:

Department	Cleared by (Name)	Signature	Date Cleared	Remarks
Faculty Clearance				
Registrar Clearance				
Finance Clearance				

***NOTE: The form must be filled by both new and returning students at the beginning of every semester
Completed forms must be submitted to Admissions office***