

NEW SEMESTER REGISTRATION AND CLEARANCE FORM

Tick in the box as appropriate New Returning Student First Name Student Number Other Name Programme Name Jan / Mar / June/ Jul / Oct Surname Intake:(Circle) Distance / Fulltime / Part-time **Email** Mode of Study: (Circle) / Online Level: (Circle) Y1T1 / Y1T2 / Y1S3 **Contact Numbers** Year/Term Y2T1 / Y2T2 / Y3S3 (e.g. Year 1, Term 1) Y3T1 / Y3T2 / Y3S3

Course Code	Course Name	Approve/Reject
		(Official Use)

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