

COURSE REGISTRATION FORM PLEASE READ CAREFULLY, REFER TO THE GUIDELINES

UTM.E/3-1 (Amendment 1/08)

Student's Name:																									
		(In BLOCK letters and as stated in Identity Card/Passport)																							
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Matric	l No.	:										Ses	ssion/	Seme	ster :										
Identit Passpo															Total Credit Transferred :										
							Ema	ail : _																	
'UM' in	Please fill in the boxes clearly and correctly. If you are registering for more than 12 courses, please use two forms. Fill the code 'UM' in the status column for Repeat Course, 'HW' for the Compulsory Attendance 'HS' for Attendance Only 'HWUM' Compulsory Attendance Repeat Course.																								
NO.	. COURSE CODE							SECTION				STATUS				EDIT	L	LECTURER'S SIGNATURE							
1.																									
2.																									
3.																									
4.																									
5.						+																			
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9.																									
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			То	tal C	cred	it (E	Exclu	usive	of 'h	dS' c	our	ses))												
Mailing Address :																									
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I intend to register for the courses above. Agree/Disagree																									
			(Stud	dent's	s Sig	gnat	ture)									(A	cade	mic A	Adviso	r's or	Supe	rvisor	's Sig	gnati	ure)
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Mobile Phone No :													Name: Tel. Extension:												
Date:/																	/								
	IF THE ACADEMIC ADVISOR OR SUPERVISOR DISAGREE																								
			De	an's					s of A										t Appi		d				
		Signature Date/													_										
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