

Tel No.....

F-3-14-2



JKUAT MOMBASA CBD CAMPUS

STUDENTS COURSE REGISTRATION FORM

(Please READ THE Form Carefully Before Filling in)

Official Name of Student:.....
(Surname) (first) (Others)

Reg. No:..... Faculty/School.....Department.....

Course:.....

Year: Semester Mode of (full time/part time).....

SN	UNIT CODE	UNIT TITLE
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

I hereby certify that the above information is true to the best of my knowledge.

Sign:..... Date:

FEES PAYMENT

Fees paid (Kshs)..... Fees Balance: Signature(Cashier):

APPROVED BY

Administrator: Sign: Date:

NOTE:

It is mandatory that all students register within THE FIRST TWO WEEKS of every semester. Only those who will have registered will be allowed to sit for examinations.