

IDENTITY CARD NUMBER / :
PASSPORT NUMBER
NAME :
PROGRAMME OF STUDY :
REGISTER SEMESTER : **YEAR OF STUDY :**
ACADEMIC ADVISOR :

List Of Course To Be Registered:

No.	Course Code	Type	Units	Signature of Academic Advisor / Representative
1.				}
2.				
3.				
4.				
5.				
6.				
7.				
8.				
Total No. of Units Registered				

Recommendation of Dean / Deputy Dean (For Late Registration)

Comment : _____(With / Without Penalty)

Signature : _____

Official Stamp : _____

Acknowledgement by Student:

I acknowledge that :-

1. My course registration is correct.
2. The total number of units registered does not exceed the maximum number of units which is 20 units as determined by the University.
3. I will be held responsible for mistake made in the registration form.

Student's Signature : _____ Date : _____