



APPLICATION TO LATE REGISTRATION

SECTION A: TO BE COMPLETED BY THE STUDENT

Name:		Matric No:			
Tel. No.:		Semester:			
IC/ Passport NO.:		Session:			
Programme:					
Semester/Year of Study:		Current CGPA:		Current Semester:	
Structure of Study: *			Mode of Study: *		
<input type="checkbox"/> Coursework <input type="checkbox"/> Coursework and Dissertation <input type="checkbox"/> Research			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		
Trimester: First Trimester/Second Trimester/Third Trimester				Session: 20____ / 20____	
Signature:			Date:		

SECTION B: COURSE TO BE REGISTERED

No.	Course Code	Course Name	Credit Hours	Group	Type (Core / Elective / Pre-requisite / Audit)

Reason for late registration:

Applicant's signature Date: _____

FOR OFFICE USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Signature & Stamp: Recorded date:
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