



COLLEGE OF EDUCATION

P.M.B. 2090, AGBOR, NIGERIA.

[IN AFFILIATION WITH DELTA STATE UNIVERSITY, ABRAKA]
REGULAR/WEEKEND DEGREE & DIPLOMA PROGRAMMES

COURSE REGISTRATION FORM

FOR _____ ACADEMIC SESSION _____ MATRIC NO _____ LEVEL _____

NAME _____

(Surname)

B U R S A R Y		
FEES PAID		
Due	Paid	Balance
₦	₦	₦
<hr/> Accountant (Ext. Deg) sign		
<hr/> Bursar's signature		

MARITAL STATUS : _____ **SEX:** _____

CONTACT ADDRESS:

NATIONALITY: _____ **STATE OF ORIGIN:** _____

L.G.A : _____ **DATE OF BIRTH:** _____

FACULTY: _____ **DEPARTMENT:** _____

DIPLOMA/DEGREE IN VIEW: _____

YEAR: _____ **MODE OF ENTRY:** _____

LEVEL OF STUDY: _____

EXPECTED YEAR OF GRADUATION: _____

FEES PAID: _____ **RECEIPT NO:** _____

DATE: _____

INSTRUCTIONS:

1. Please complete this form in quadruplicate. Make all entries in block letters.
2. Submit completed forms at the External Degree office with photocopies of all receipts/ authenticated tellers of payments
3. Completed forms Not returned within two weeks of resumption shall attract a fee of Two Thousand Naira (₦ 2,000) during the third week after which registration for courses will no longer be entertained.

4. Distribution of Courses Registration Form: White Copy – Exam. & Records, Blue copy – Department, Green Copy – External Degree Office, Yellow Copy – Student.

COURSES WHICH ARE REGISTERED FOR FIRST SEMESTER

COURSE ABBREV.	COURSE CODE	COURSE TITLE	UNITS	CATEGORY (e.g. C.Core E. Elective)	COURSE CO-RDINATOR SIGN. & DATE
SUB-TOTAL NO. OF UNITS					

COURSES WHICH ARE REGISTERED FOR SECOND SEMESTER

COURSE ABBREV.	COURSE CODE	COURSE TITLE	UNITS	CATEGORY (e.g. C.Core E. Elective)	COURSE CO-RDINATOR SIGN. & DATE
SUB-TOTAL NO. OF UNITS					

GRAND TOTAL FOR THE SESSION

I have selected the above courses in consultation with the course Co-ordinator

(Student's Signature & Date)

Co-ordinator's signature & Date

This student has satisfied the Department/Faculty requirements. I recommends that the registration for the _____ Academic Session be approved.

External Degree Secretary's Signature & Date

Program Co-ordinator's Sign & Date

The Course Registration form is hereby approved.

Director's Signature & Date

Checked by:
Examinations & Records Officer

Date