

UNIVERSITY OF NAIROBI

REGISTRATION FOR COURSES AND EXAMINATIONS

WARNING: A student who does not REGISTER and pursue the prescribed course will not be allowed to sit examinations.

NOTES: 1. This form should be filled in duplicate.

2. Please list all the courses to be taken for the whole academic year.

3. Please fill in the form correctly and completely using valid codes at registration.

4. This form is also for examination registration and any changes must be reported to the Dean.

NAME: _____

FACULTY/DEPT: _____

SURNAME

OTHER NAMES

eg. Engineering, Electrical

DEGREE: _____

YEAR OF STUDY: _____

Eg. BSc, B.A.(Anthropology) etc

eg. I, II, III, IV

REGISTRATION NO.

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(Important)

SEMESTER

Please tick (If non-semester

system tick 3)

COURSE CODE

PAPER TITLE (IN FULL)

SIGNATURE FROM

DEPARTMENT

1 2 3

1	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

I have chosen the combination of courses listed above for the whole Academic Year and I do understand that it may not be changed without the permission of the Dean of my Faculty.

Total No. of Courses Registered for: _____

Signature of Student: _____

Date: _____

Home contact address (for forwarding results): P.O. Box _____ C/O (if appropriate): _____ Town: _____

Approved: Signature and Stamp of Dean: _____

Date: _____