

SUBJECT REGISTRATION FORM

unisel



Name : _____
Matric number : _____
Telephone number : _____
Faculty : _____
Programme : _____
For academic session : _____
Name of academic advisor : _____

SUBJECT REGISTRATION									
NO	SUBJECT CODE							NAME OF SUBJECTS	R
1									
2									
3									
4									
5									
6									
7									
8									

* R : Tick (✓) in the column provided if subject registered is a repeat subject

Total of credit taken : _____

Student signature,
Date :

Mentor / Head of Program approval,
Name & stamp :
Date :

Faculty's endorsement,
Name & stamp :
Date :

Dean's approval, (only if credit taken is more than 18)
Name & stamp :
Date :

Examination Unit Copy

seni/hea/exam