

COLLEGE OF EDUCATION, WARRI
STUDENTS COURSE REGISTRATION FORM
NCE PROGRAMME



_____ SEMESTER, _____ SESSION

Surname: _____ Other Names: _____

Matric. Number: _____ Sex: _____

School: _____

Subject Combination: _____

Mode of Study[Part-Time/Full-Time]: _____ Level: _____

Receipt No. & Date: _____

FIRST SEMESTER COURSES

S/NO.	COURSE CODE	COURSE TITLE	CREDIT UNITS	CC/NC
1.				
2.				
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22.				
23.				
24.				
25.				
TOTAL CREDIT UNITS REGISTERED				

SECOND SEMESTER COURSES

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24.				
25.				
TOTAL CREDIT UNITS REGISTERED				

I, _____ do hereby
 declare that information supplied above are correct.

 Student's Signature & Date

 HOD's Signature & Date

 Bursar's Signature & Date

 Dean's Signature & Date