



COLLEGE OF EDUCATION, WARRI
In affiliation with
UNIVERSITY OF BENIN, BENIN CITY



BEd. PROGRAMME

COURSE REGISTRATION FORM

To be completed in Triplicate

SESSION OF ENTRY: ----- PRESENT SESSION: ----- LEVEL:-----

Surname (In Block Letters) Other Names

MATRICULATION NUMBER:----- DEPARTMENT:-----

CONTACT ADDRESS:-----

----- PHONE NO.:-----

First Semester

S/No.	COURSE CODE	COURSE TITLE	CREDITS	Sign. of Subject HOD / Adviser
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
Total Credits				

Second Semester

S/No.	COURSE CODE	COURSE TITLE	CREDITS	Sign. of Subject HOD / Adviser
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
Total Credits				

Signature of Student: -----

Name of HOD

Signature & Date

Registrar / Academic Officer

Signature & Date