



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



PGD PROGRAMME

COURSE REGISTRATION FORM

To be completed in Triplicate

SESSION OF ENTRY: -----

Surname (In Block Letters)

Other Names

MATRICULATION NUMBER: -----

PROGRAMME : PGDE / PGDTE

CONTACT ADDRESS: -----

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

First Semester

S/No	COURSE CODE	COURSE TITLE	CREDITS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
Total Credits			

Second Semester

S/No	COURSE CODE	COURSE TITLE	CREDITS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
Total Credits			

Signature of Student: -----

Name of Adviser / Director

Signature & Date