# UNIVERSITY OF IBADAN
# DISTANCE LEARNING CENTER

## COURSE REGISTRATION FORM

Surname & Initials……Sex…….....

Nationality/State of origin…….Marital Status…….....

Major Academic Department……Faculty…….

Degree/Diploma/Certificate in view……..Matric.No……

Email…….Post…….Fax/Phone……

Are you graduating this year? Yes / No. Year of entry to University of Ibadan:……

***Instructions:***

1. Please complete this form carefully in quadruplicate. Make all entries in block capitals and enter correct codes for departments, course abbreviations and course numbers.
2. list courses in your major Departments first followed by courses in other Departments (Compulsory, Required,Electives)

## COURSES FOR WHICH YOU ARE REGISTERED THIS SESSION

| DEPT. CODE | COURSE ABBREV. | COURSE NUMBER | COURSE DESCRIPTION | CREDIT UNITS | COORDINATOR Sig. & Date |
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Cumulative units to date:…… Units for this session……...

I have selected the above courses on the advice of my HOD knowing that frivolous changes will not be allowed.

Student's Signature:……. …… Date:……..

This student has satisfied the registration requirements:…….

Secretary to DLC

Date:……..

Registration for the above courses is approved……..

HOD / Departmental Coordinator.

Date:…….