



# UZIMA UNIVERSITY

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## OFFICE OF THE REGISTRAR ACADEMIC AFFAIRS

### COURSE REGISTRATION FORM

Faculty/School: ..... Class of **20**.....

Course: .....

Academic Year: ..... Semester/Trimester: .....

#### **PERSONAL DETAILS**

1) Name: .....  
(Surname) (Other names in full.)

2) Registration Number: .....

3) Phone number: .....

4) Home Address & Phone Number for Emergency Contact.....  
.....

5) Gender.....Nationality.....Date of Birth: .....

6) Marital Status.....Religion.....I.D/PP No: .....

7) Level of Study at Uzima University (**Undergraduate/Diploma/Certificate**)  
.....

**UNITS FOR NEXT TRIMESTER**

<b>NO.</b>	<b>UNIT CODE</b>	<b>UNIT TITLE (IN FULL)</b>	<b>CREDIT HOURS</b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

**(FOR ADMINISTRATIVE USE ONLY)**

Signed ..... Date .....

**Head of Department**

Signed ..... Date .....

**Dean of School/Faculty**

Signed ..... Date.....

**Academic Registrar**