



UZIMA UNIVERSITY

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Website: www.uzimauniversity.ac.ke, Email: registrar@uzimauniversity.ac.ke

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

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

7) Level of Study at Uzima University (**Undergraduate/Diploma/Certificate**)
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UNITS FOR NEXT TRIMESTER

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

(FOR ADMINISTRATIVE USE ONLY)

Signed Date

Dean of School

Signed Date

Finance Officer

Signed Date.....

Academic Registrar