UME/DIRECT/ADMS/FCEOK/2015/2016

FEDERAL COLLEGE OF EDUCATION, OKENE

In Affiliation with

UNIVERSITY OF IBADAN

IBADAN

COURSE REGISTRATION FORM

SURNAME:_____OTHER NAMES:_____

MATRIC NO:_____FACULTY:_____DEPARTMENT:_____

SECOND COMBINATION:_____SESSION:_____LEVEL:_____GENDER:_____

PHONE NO:_____EMAIL:_____

FIRST SEMESTER				SECOND SEMESTER				
S/N	COURSE CODE	UNIT & STATUS	COURSE TITLE	S/N	COURSE CODE	UNIT & STATUS	COURSE TITLE	H.O.D SIGN
TOTAL NO OF UNIT(S)				TOTAL NO OF UNIT(S)				

CANDIDATE'S SIGN & DATE:_____PROGRAMME COORDINATOR, SIGN & DATE:_____