

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: _____