



**NORTH-SOUTH COLLEGE OF HEALTH TECHNOLOGY
AJASE-IPO, KWARA STATE, NIGERIA**

COURSE REGISTRATION FORM (Fresh/Returning Students)

1. Name: _____ Matric. No: _____
2. Programme: _____
3. Department: _____
4. Semester: _____ Session _____

LIST OF COURSES FOR THE SEMESTER

SN	Course Code	Course Title	Units	Lecturer's Name	Lecturer Signature/Date

Recommendation for Registration

Units/Sub-Units	Indicate whether cleared or not cleared	Authorised Signature	Date
Library			
ICT Centre			
Bookshop			
Health Centre			
Registry			
Bursary			
Head of Department			

Provost Office

Please admit the student to the class

Provost Signature, date and Stamp