



TOM MBOYA UNIVERSITY COLLEGE

OFFICE OF THE REGISTRAR – ACADEMIC & STUDENT AFFAIRS

STUDENT COURSE REGISTRATION FORM

(COMPLETE IN DUPLICATE)

NAME: _____ REG. NUMBER: _____

SEMESTER: _____ YEAR OF STUDY: _____

S/No.	COURSE CODE	COURSE TITLE	STUDENT SIGNATURE	H.O.D SIGNATURE
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DEAN OF SCHOOL: _____

DATE: _____

OFFICER RECEIVING: _____

SIGNATURE: _____

DATE: _____