

**COURSE ENROLMENT FORM**

REG/013/2017/ V1

**Month:**

**Year:**

**No of Semester:**

<b>Name :</b>	<b>Id No :</b>
<b>Programme :</b>	<b>Passport / NRIC No :</b>
<b>Correspondence Address :</b> (Please update your address )	<b>Telephone No :</b>

CODE	SUBJECT	CREDIT	STATUS (New / Repeat)

**Important note: Minimum -9 CR, Maximum 15 CR (long semester)**

Student Signature	Date :
Name / Signature of Head of Department / Dean of Faculty	Date :
Name / Signature of Bursary Department	Date :
Name / Signature of Registry Department	Date: