LADOKE AKINTOLA UNIVERSITY OF TECHNOLOGY, OGBOMOSO	**THE POSTGRADUATE SCHOOL** **COURSE REGISTRATION FORM** *(To be completed in quadruplicate)*	Form PG 04

Session: _____Semester: _____ Matric No: _____

1. Names in full: _____
   (Surname in Caps) *(Other Names)*
2. Faculty: _____ Department: _____
3. Year of Admission: _____ Mode of Study (Part-Time or Full-Time):_____
4. Degree/Diploma in View: _____
5. Contact Address:_____
6. E-mail Address_____ Phone Number: _____
7. Name of Sponsor and Address: _____

   _____
8. Name of Employer and Address: _____

10. Evidence of Payment of school fees (attach receipt): _____
11. Courses Registered for (See Notes): _____

S/N	Course Code	Course Title	Units	PG Coordinator's Signature and Date

12. Total No. of Units: _____

Signature and Date:

_____ _____ _____
Student **Student's Supervisor** **Head of Department**

_____ _____
Dean of the Faculty **Dean of the Postgraduate School**