



# REGISTRATION FORM

DIN: RUW-OR/REG-T-006

RN: 03

ED: 29/09/2024

Student's Name: \_\_\_\_\_ College: \_\_\_\_\_ AY: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Student's I.D. No.: \_\_\_\_\_ Degree: \_\_\_\_\_ Semester:  1ST  2<sup>ND</sup>  SUMMER

Registration Date: \_\_\_\_\_ Curriculum (If EAS1 / EAS2): \_\_\_\_\_

Math Score: \_\_\_\_\_ Physics Score: \_\_\_\_\_ English Score: \_\_\_\_\_ (Score applicable for NEW  / Changing Major  / Others NA)

Course code	Section	Course title	Credits	Day	Time	Comment(if any)	Tuition Fees

Sponsor(if applicable): \_\_\_\_\_  Full  Part  Other (Specify) \_\_\_\_\_

**Student:**  
 Name (print): \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date (dd/mm/yyyy) \_\_\_/\_\_\_/20\_\_\_

**College Advisor:**  
 Name (print): \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date (dd/mm/yyyy) \_\_\_/\_\_\_/20\_\_\_

**Finance Officer:**  
 Name (print): \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date (dd/mm/yyyy) \_\_\_/\_\_\_/20\_\_\_

**Registrar:**  
 Name (print): \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date (dd/mm/yyyy) \_\_\_/\_\_\_/20\_\_\_

Exceptional Reason(if any): \_\_\_\_\_

Higher Approval (If Applicable): DEAN: \_\_\_\_\_ Date: \_\_\_\_\_ AVP: \_\_\_\_\_ Date: \_\_\_\_\_