

MODULE REGISTRATION FORM

(Beginning of the trimester)

Name: contact.....

Reg No: Level trimester..... ACADEMIC YEAR 2015-2016

LEVELFACULTYDEPARTMENT.....

S/N	Course code	Module offered	START TIME	END TIME	SESSION
1					
2					
3					
4					

Student's signature

Date

FOR OFFICIAL USE ONLY

No	Approved by:	Approved signature, comment and officials stamp
	HOD	
	DAF	
	ACADEMIC REGISTRAR	

Modules registration doesn't automatically Qualify you sit for the module examination

Copy to: Original to Academic Registrar

Copy 1 to HOD

Copy 2 to FINANCE

Copy 3 to DAQ

Copy 4 to STUDENT

1. Any behaviors or activities that are view as unacceptable include; cheating. Plagiarism or fabricating information and aiding or a betting dishonesty must be avoided. Students who violate these are subject to penalties. Including course failure, suspension and dismissal from university of Kigali.
2. Ensure that all the relevant fees are paid and evidence of such payments must be attached
3. Must sign this statement. university of Kigali will not review any unsigned application for admission, readmission ,registration or transfer