



JARAMOGI OGINGA ODONGA UNIVERSITY OF SCIENCE & TECHNOLOGY
BOARD OF POSTGRADUATE STUDIES
Office of the Director

STUDENT COURSE REGISTRATION FORM
(COMPLETE IN DUPLICATE)

Name: Reg. No.

Semester: Year of Study

SUBJECT CODE	COURSE	STUDENT		CHAIRMAN	
		Signature	Date	Signature	Date

FOR OFFICIAL USE ONLY

Dean/Director School/Institute

Name:

Sign: Date:

Director, Board of Postgraduate Studies

Officer Receiving:

Name:

Signature: Date