



EDEN UNIVERSITY
Registration Form
Strictly no tipex allowed on this form

Student Name:.....ID No:.....Cell No:.....

Year of study..... Intake:.....Semester..... Mode of study.....

Program: Nursing Clinical Medicine Environmental Health Pharmacy

Qualification: Diploma Degree

FINANCIAL INFORMATION: SPONSOR.....CONTACT No:.....

Mode of payment	Description of payment	No. of courses	Date	Amount

ACADEMIC INFORMATION

Course Code	Course Title	First Attempt	Supplementary	Lecturers Name	Lecturers comment	Students Coordinators signature

Head of Department's comment

.....

.....Signature:.....

AUTHORISATION AND CLEARANCE

Students Signature:

Accountants Signature:.....

Registrars Signature:.....