

HUGH GOLDIE LAY/THEOLOGICAL TRAINING INSTITUTION, AROCHUKWU

(IN AFFILIATION WITH ABIA STATE UNIVERSITY, UTURU)

CARRYOVER REGISTRATION FORM

SESSION: _____ SEMESTER: _____

NAME OF STUDENT: _____

(as you wish it to appear in all your documents and certificate)

REG. NO.: _____ PROGRAMME: _____

YEAR OF STUDY: _____ DATE OF ENTRY: _____

LIST OF COURSES FOR THE SEMESTER

S/ N	COURSE TITLE	COURSE CODE	CREDIT UNIT	LECTURER'S SIGN.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Name

Signature

Date

Student: _____

Academic Dean: _____

Registrar: _____

Rector: _____