

# HUGH GOLDIE LAY/THEOLOGICAL TRAINING INSTITUTION, AROCHUKWU

(IN AFFILIATION WITH ABIA STATE UNIVERSITY, UTURU)

## **COURSE 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.					
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18.					
	<b>ELECTIVES</b>				
19.					
20.					
21.					

Name

Signature

Date

Student: \_\_\_\_\_

Academic Dean: \_\_\_\_\_

Registrar: \_\_\_\_\_

Rector: \_\_\_\_\_

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