



UNIVERSITY OF EMBU

POSTGRADUATES UNITS REGISTRATION FORM

Instructions

Fill the form in triplicate; retain a copy, submit one copy to admissions office and the other copy to the dean of your respective school

Student's Detail

Name..... Reg. No.....
 Year of Study (1st, 2nd etc)..... Academic Year..... Semester/Session.....
 School..... Course

Department/Section.....

Unit's Code						Unit's Title

CoD's Signature..... Date/Stamp.....

Dean's Signature..... Date /Stamp.....

Student's Signature..... Date