



TECHNICAL UNIVERSITY OF MOMBASA
Office of the Registrar (Academic Affairs)

REGISTRATION FORM FOR CONTINUING STUDENTS

1).PARTICULARS:

REG.NO: NAME:
FACULTY..... DEPARTMENT:
YEAR OF STUDY: SEMESTER: ACADEMIC YEAR:
PROGRAMME:

2). FINANCE:

Fees Payable (in Kenya Shillings):
Amount Paid.....Receipt Number.....
Remarks:.....
Officer's Name:Signature:Date:

3). COURSE REGISTRATION

Note: Students can only register for a maximum of 8 units per semester.
Register for the semester units and retakes separately as indicated below

a) Semester units

Table with 3 columns: NO., UNIT CODE, UNIT TITLE. Rows 1-8.

b) Retakes

Table with 3 columns: No., UNIT CODE, UNIT TITLE. Rows 1-4.

C o D's Comments.....

SIGNATURE.....Date:.....

Faculty Dean's Comments.....

SIGNATURE.....Date:.....

4). NOMINAL ROLL

Student's Signature:..... Date:.....

C o D's Name: Signature:..... Date:.....

NB: THE REGISTRATION PROCESS MUST BE COMPLETED WITHIN THE FIRST TWO WEEKS OF THE SEMESTER

