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NAIROBI

STUDENT REGISTRATION FORM

DEPARTMENT _____

SEMESTER _____ ACADEMIC YEAR _____

STUDENT NAME: _____

STUDENT REG NO.: _____

COURSE: _____

FINANCIAL OBLIGATIONS

NAME OF ACCOUNTING OFFICER..... SIGN& STAMP.....

DATE.....

UNIT REGISTRATION

UNIT CODE	UNIT TITLE

STUDENT NAME: ..... SIGNATURE.....

HEAD OF DEPARTMENT

SIGN & STAMP..... DATE.....