

## **MOUNTAIN TOP UNIVERSITY**

## IBAFO, OGUN STATE SUPPLEMENTARY COURSE REGISTRATION FORM

	:	SUPPLEMENTARY COURSE REGISTRATION FORM			
1	ACADEMIC SESSION	2023/2024			
	MATRIC NUMBER:				
	LASTNAME:				
	FIRSTNAME:				
	OTHERNAMES:				
	DEPARTMENT:				
	PROGRAMME:				
	DATE:				
	Heads/Coordinators of programme	as follows: 1. Students are to obtain the list of course s; 2. Students shall proceed to the Bursary to make necessary p he list of courses and evidence of payment.			
SN	COURSE CODE	COURSE TITLE		CREDIT UNITS	$\overline{\mathbf{S}}$
1					
2					
3					
4					
5					
$\frac{6}{7}$					
8					
0					
Tota	al				
S	TOTAL NO OF CO	OURSES/ TOTAL NO OF CREDIT U			
~	. 10D LIVE STORMER OWL.				
COURSE ADVISER SIGNATURE:/			/	DATE	
H.O.D SIGNATURE/_			_/	DATE	
BURSARY SIGNATURE				DATE	
	ii. Students having mo iii. Students having mo lv. Students having mo	ot more than four (4) Units (0-4 Units) ore than four (4) Units (5-8 Units) ore than eight units (9-10 Units) ore than eight units (11-12 Units) ore than eight units (13-15 Units) -N200,000.00 -N450,000.00 -N500,000.00			