

## MARIST INTERNATIONAL UNIVERSITY COLLEGE

## CONSTITUENT COLLEGE OF THE CATHOLIC UNIVERSITY OF EASTERN AFRICA Examination Registration Form

SURNA	ME	FIRST NAME	MIDDLE NAME	MATRICUL	ATION NUMBER
STUDEN	NTS TELEPHONE	NUMBER		EMAIL	ADDRESS
PARENT/ GUARDIAN TELEPHONE NUMBER COUNTY					
ID /PASSPORT NO.					
DEPARTMENT					
PROGRAMME					
SPECIALIZATION					
YEAR OF STUDYSEMESTER					
NO.	COURSE CODE	co	URSE TITLE (in full)		CREDIT HOURS
		TO	TAL CREDIT HOURS		
		ТО	TAL CREDIT HOURS		
No. of U	nits Authorized		TAL CREDIT HOURS		
		SIGNATURE (STUDENT)		DATE:	