

# ADEYEMI COLLEGE OF EDUCATION

## REGISTRATION/PAYMENT FORM FOR STUDENTS WITH COURSES TO RETAKE IN ONE SEMESTER ONLY

STUDENT'S NAME: \_\_\_\_\_

MATRIC NUMBER: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

OUTSTANDING COURSE(S): \_\_\_\_\_

SEMESTER: \_\_\_\_\_

SESSION OF REGISTRATION: \_\_\_\_\_

I hereby certify that the information supplied here by me is correct and MIS should treat this as appropriate.

**Confirmed by:**

\_\_\_\_\_  
**Student's Signature & Date**

\_\_\_\_\_  
**HOD Signature & Date**

\_\_\_\_\_  
**Treated by: MIS Signature & Date**

