

**UNIVERSITY OF ILORIN, ILORIN, NIGERIA  
UNILORIN RESOURCES DEVELOPMENT AND MANAGEMENT BOARD  
PROFESSIONAL PROGRAMMES  
SUB-DEGREE PROFESSIONAL PROGRAMMES**

**COURSE REGISTRATION FORM (CRF)**

1. REGISTRATION NO.: .....
2. NAME: .....  

SURNAME
FIRST NAME
MIDDLE NAME
3. FACULTY/ SCHOOL: .....
4. DEPARTMENT: .....
5. SUBJECT OF STUDY: .....
6. LEVEL: .....  

DIPLOMA I

DIPLOMA II

PART TIME

FULL TIME
8. MODE OF STUDY:
9. COURSE REGISTRATION

SESSION: .....

FIRST SEMESTER: .....

COURSE CODE	COURSE TITLE	CREDIT UNIT	SIGNATURE LECTURER
TOTAL			

SECOND SEMESTER: .....

COURSE CODE	COURSE TITLE	CREDIT UNIT	SIGNATURE LECTURER
TOTAL			

.....  
SIGNATURE OF STUDENT

.....  
DATE

.....  
SIGNATURE OF ORGANISER

.....  
DATE

.....  
SIGNATURE OF COORDINATOR

.....  
DATE