UNIVERSITY OF ESWATINI – LUYENGO CAMPUS
REGISTRATION FORM – FAIL & REPEAT STUDENT

Declaration by Student: I understand that as a student with a "**fail & repeat**" academic status, I am limited to clearing the courses I must repeat. I understand that I cannot register for new courses until I have cleared repeated courses.

NAME OF STUDENT: _____ **STUDENT ID:** _____

PROGRAMME OF STUDY: _____ **SEMESTER:** _____

CONTACT NUMBER: _____ **EMAIL:** _____

COURSES TO BE TAKEN:

COURSE CODE	COURSE FULL NAME

STUDENT'S SIGNATURE: _____

(FOR FACULTY ADMINISTRATOR USE ONLY)

ACTIONED BY: _____

SIGNATURE: _____ **DATE:** _____

UPON RECEIPT OF AN EMAIL INDICATING THAT YOUR REGISTRATION HAS BEEN COMPLETED, CHECK YOUR ENROLMENT DETAIL IN YOUR REGISTRATION PORTAL AND PRINT YOUR PROOF OF REGISTRATION.