

UNIVERSITY OF MINES AND TECHNOLOGY, TARKWA
SCHOOL OF POSTGRADUATE STUDIES
POSTGRADUATE SEMESTER REGISTRATION

USE BLOCK LETTERS

Name.....
(Surname) (Other Name)

Faculty.....

Department..... Year.....

Full-time/Part time.....

Hall of Residence..... Room Number.....

Nationality.....

Sponsorship.....

COURSES TO BE ENROLLED		
Courses Number	Title	Credit Hours



RESEARCH PROGRAMME (RESEARCH)

Title/Provisional Title.....

Signature..... Date.....

Receipt No:..... Amount: GH¢.....

Signature..... Signature.....
Secretary (SPS) **Accounts Officer (SPS)**

Date..... Date.....

(To be filled in Duplicate)