



AFRICA INTERNATIONAL UNIVERISTY (AIU)

LATE REGISTRATION FORM

This form must be duly completed in order for it to be processed

Name:	Student No:
Programme:	
Planned Graduation Year:	
No. of units to Register for (please list below- specify if any challenge/ directed):	

Course Code	Course Title	Course Code	Course Title

Previous Semester G.P.A/Average: _____

Cumulative G.P.A/Average: _____

Give reasons for Late Registration
1. _____
2. _____
3. _____
Date Requested _____ Student Signature _____ .

For Official use only

Academic Advisor's Recommendations: _____ _____
Date: _____
Signature and Stamp: _____
Finance Department This student is allowed to Register for _____ Units
Date: _____
Signature and Stamp: _____
Registrar's Department:
Date Received _____ Officer Received _____ .