



**JIT JIMMA UNIVERSITY OF TECHNOLOGY, JIMMA**  
**SCHOOL OF INFORMATION AND COMPUTING TECHNOLOGY**

**DEPARTMENT OF INFORMATION AND COMPUTING TECHNOLOGY**



**STUDENT COURSE REGISTRATION FORM**

**Registration Number : AMEN**

**Name : ABUSH GUDA**

**Session : AAA**

**Level: Bachloar**

**FIRST SEMESTER**

Name, Siganture of

S/No	Course Code	Course Title	Unit	course lecturer & Date
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**Total Second First Credit : 0**

**SECOND SEMESTER**

Name, Signature of

S/No	Course Code	Course Title	Unit	course lecturer & Date
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**Total Second Semester Credit : 0**

CERTIFICATION OF REGISTRATION: I certify that **ABUSH GUDA** has been duly registered for the **Bachloar level** of study in the department of  
INFORAMATION TECHINOLODY and that the courses and credits registered are as approved by the senate of the University