

## EZOD UNIVERSITY OF TECHNOLOGY, ADAMA SCHOOL OF ELECTRICAL ENGINEERING & COMPUTING



## **DEPARTMENT OF COMPUTER SCIENCE & ENGINEERING**

## STUDENT COURSE REGISTRATION FORM

**Registration Number: STUDENT1** 

Name: SFDVBSDV SDVSDV

Session: FBFDBFDB 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: 10** 

SECOND SEMESTER Name, Signature of

				course lecturer &
S/No	Course Code	Course Title	Unit	Date

**Total Second Semester Credit: 0** 

CERTIFICATION OF REGISTRATION: I certify that **SFDVBSDV SDVSDV** has been duly registered for the **Bachloar level** of study in the department of COMPUTER SICENCE & ENGINEERING and that the courses and credits registered are as approved by the senate of the University