



WOODLANDS UNIVERSITY COLLEGE

Ibex Hill 2457 Main Street

Lusaka

CALL: 0966186239

E-mail: woodlandsuniversity@wuc.uni

COLLEGE REGISTRATION FORM

FIRST NAME: SURNAME:

STUDENT NUMBER: INTAKE:

PROGRAM BEING REGISTERED FOR

SIGNATURE OF STUDENT:

S/N	DEPARTMENT	CRITERIA	COMMENT	SIGNATURE
1	Admissions office	Verify student application Collect requirements		
2	Accounts Office	Verify & Authenticate payments Indicate balance amount if any		
3	Dean Students Affairs	Check Accommodation status		
4	ICT Office	Verify student's student number if it corresponds with intake		
5	Program Co- Ordinator or Principal Lecturer	Check if all above steps are satisfactory and collects any departmental requirements		
6	Registrar	Approves registration process		

