



INSTITUTIONS OF LEARNING
SCHOOL OF NETWORK & COMPUTING



DEPARTMENT OF COMPUTER SCIENCE & ENGINEERING

STUDENT COURSE REGISTRATION FORM

Registration Number : AAS

Name : SHUSHU TSHIPALA

Session : OP

Level: Learnership

FIRST SEMESTER

Name, Signature of

S/No	Course Code	Course Title	Unit	course lecturer & Date
1	112	aws	0	

Total Second First Credit : 0

SECOND SEMESTER

Name, Signature of

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

Total Second Semester Credit : 0

CERTIFICATION OF REGISTRATION: I certify that **SHUSHU TSHIPALA** has been duly registered for the **Learnership level** of study in the department of
COMPUTER SCIENCE & ENGINEERING and that the courses and credits registered are as approved by the senate of the University