

## ACHIEVERS COLLEGE OF NURSING SCIENCES, AKURE a subsidiary of

## **ACHIEVERS UNIVERSITY, OWO**

## www.achieversnursingcollege.edu.ng





Printed on: 2025-05-06 14:17:39.370577

 $2024/2025 \parallel FIRST\ SEMESTER$ 

:. Students' Personal Information		UNIVERSITY HEALTH CENTRE	E
FULL NAME:	MICHAEL, JERRY	& AAAA	
MATRIC NO / JAMB NO:	AUBCH272772727 [95753342EC]		
FACULTY / COLLEGE:	COLLEGE OF NURSING		
PROGRAMME:	GENERAL NURSING		
DEGREE:	HND GENERAL NURSING		
EMAIL / PHONE NO:	jerrymichael@gmail.com    3737377272722		
LEVEL:	ND2		
Total Registered Units	0		
Key: C=Compulsory, E=Elective, R=Require		Date:	
Signature of Student.	<del></del>	Date.	
FOR OFFICIAL USE ONLY			
I certify that the above named student has submitted four(4) copies of his/her first semester course registration form and he/she is qualified to register the above listed courses			
Signature of Academic Advisor:		Date:	
Signature of H.O.D.:		Date:	
Signature of PROVOST:		Date:	

Note: This form should be printed and returned to the Examination Officer at least Four weeks before the commencement of the examinations. No Candidate shall be allowed to write any examination in any course unless he/she has satisfied appropriate registration & finanacial regulations.