



BISHOP OKULLU COLLEGE

Constituent College of:

Great Lakes University of Kisumu

UNIT REGISTRATION FORM

Name.....Student number.....

Program (e.g. BAPT, DPT, DCHD).....

Year of Study.....Semester.....

Note: Indicate the units you are registering for this semester

: You will be allowed in class having paid **30%** of the semester fee. Balance must be paid **before** exams.

No	Unit Code	Unit
1		
2		
3		
4		
5		
6		

Student's signature.....Date.....

This form must be approved by the following and officially stamped

Dean of studies

NameSign.....Date.....

Finance Office

NameSign.....Date.....

Principal

NameSign.....Date.....

Together we serve God and Humanity

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