

P.O. Box 1376
Shoppers-Mall, Plot 4/67 In Old Town
Opposite Shoprite Bus-Depot

University of Hebron-UHB
@uhbuniversity
Universityofhebron



: +265 993 377 888

: info@uhb.ac.mw
: admissions@uhb.ac.mw

: www.uhb.ac.mw

REQUISITION FOR SEMESTER REGISTRATION (CONTINUING STUDENTS)

Student Name: _____ Student ID No. _____

Programme of Study: _____

Mode of Attendance:

Day Evening Weekend E-Learning

Semester: First Second Year: _____

Fees Paid: Yes No

Scholarship holder (indicate): Yes No

Current Address: _____

Email: _____ Mobile No.: +(265) _____

Courses for which registered:

No.	Course Name	Course Code	Credits	Repeat	Signature

Student's Signature: _____ Date: _____

OFFICIAL USE:

Dean of Students: _____ Date: _____

Head of Department: _____ Date: _____

University Registrar: _____ Date: _____

Note: The eligible students are required to fill three forms and submit them to the office of University Registrar.