



**METHODIST UNIVERSITY GHANA
RE-SIT REGISTRATION FORM**

*** This must be completed in duplicate ***

Name:.....

IndexNumber:.....**Programme**.....

Nationality:**Legon No:**.....

E-mail:**TEL No:**

CONTINUING STUDENTS

Course code/course title

1.

2.

STUDENTS WHO HAVE COMPLETED SCHOOL

Course code/course title

1.

2.

3.

4.

5.

6.

7.



Total Amount GH¢.....

.....

Signature - Student

Date:

.....

Signature – Head of Department

Date.....