CHURCH OF NIGERIA (ANGLICAN COMMUNION)
CROWTHER GRADUATE THEOLOGICAL SEMINARY
P. M.B. 2233, Sapon, Abeokuta
E-mail: crowtherseminaryabeokuta@gmail.com

COURSE REGISTRATION FORM

Submit original of the completed Form to the Registry and a copy to the HoD's Office

Affix Passport Photograph

Full Names: _____

Matric Number:_____ Mode of Study: On Campus ☐ Distance Learning ☐

E-mail:_____ Tel. No.: _____ Semester:_____

Contact Address:_____ Session:_____

Programme:_____ Area of Specialization (if any):_____

MONTHS_____

S/N	Course Code	Course Title	Units	Status	Names of Lecturers	Lecturers' Sign.
Total						

_____ _____

Student's Signature Coordinator's Signature

_____

HoD's Signature