

**BAHIR DAR UNIVERSITY**  
**NAME OF COLLEGE/FAULTY/INSTITUTE/SCHOOL**  
**OFFICE OF THE CUSTOMERS RELATION & INFORMATION**  
**PRODUCTION CASE TEAM**  
**REGISTRATION FORM FOR REGULAR PROGRAM**

Full Name: \_\_\_\_\_ Academic Year: \_\_\_\_\_ E.C  
 \_\_\_\_\_ G.C ID. No. \_\_\_\_\_ Sex \_\_\_\_\_  
 Faculty/College/Institute/School \_\_\_\_\_ Program: \_\_\_\_\_ Year: \_\_\_\_\_  
 Semester \_\_\_\_\_

Module No	Course Title	Course No.	Credit Hours	Credit. Points (CP)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Advisor's Name                      dd    mm    yy                      Signature                      Ass/ Inf<sup>nl</sup>. Prod. Expert

**NB:** This form must be filled & signed in three copies and one copies should be submitted to the registrar record office, one for the academic advisor and one for the student him/her self.