



**THEOLOGICAL COLLEGE OF NORTHERN NIGERIA (TCNN), BUKURU  
REGISTRATION FORM (2 COPIES TO BE COMPLETED)**

**SECTION A**

Matriculation No.....

.....  
*Surname* *Other names*

...../..... **ACADEMIC YEAR**

**COURSE** ..... **1<sup>st</sup> Semester**  **2<sup>nd</sup> Semester**

**Home Mailing Address:** .....

..... **GSM No:** .....

**Sex** ..... **State of Origin** ..... **Marital Status** .....

**Year of Graduation** ..... **Denomination** .....

**Year of Study:** 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>

**Room Number (indicate single or married quarters)** .....

**SECTION B: Medical Clearance by College Clinic**

**1. Registered with Clinic** Yes  No

**2. Amount paid** ₦ .....

.....  
**Signed/Stamp HOD Clinic**

**SECTION C: Bursary Department**

**Total fees due 1<sup>st</sup> Semester**  ₦ .....

**Total fees due 2<sup>nd</sup> Semester**  ₦ .....

**Amount Paid**  
**(Received)** ₦ .....

**(Balance)** ₦ .....

**Signature of Cashier** ..... **Date:** .....

**SECTION D: Course Listings**

(M. Th. Take a Maximum of 5 Courses per Semester)

**CORE COURSES**

<b>Course Code</b>	<b>Course Title/Credit Value</b>	<b>Lecturer's Name</b>
1. ....	.....	.....
2. ....	.....	.....
3. ....	.....	.....
4. ....	.....	.....
5. ....	.....	.....
6. ....	.....	.....
7. ....	.....	.....
8. ....	.....	.....
9. ....	.....	.....
10. ....	.....	.....

**Electives**

1. ....	.....	.....
2. ....	.....	.....
3. ....	.....	.....
4. ....	.....	.....
5. ....	.....	.....

**Student's Signature** .....

**Date:** .....

**Signature of Academic Secretary** .....

**Date:** .....

.....  
**Academic Dean/Date**