

Postgraduate Module Registration Form

STUDENT DETAILS

Surname First name(s)

Student number Student Hub

Academic Year Delete as appropriate: Start point Mode of Attendance

CourseTitle

Please list all modules and in the first column indicate whether they are Core, Designate or Elective in the first column.
 When making amendments please indicate in the last column which modules you wish to Keep, Delete or Add in the last column.

Postgraduate Module Registration Form

AUTUMN SEMESTER / TERM

C, D, E	MODULE CODE	MODULE TITLE	Day/Time	Credits	K,D,A

SPRING SEMESTER / TERM

C, D, E	MODULE CODE	MODULE TITLE	Day/Time	Credits	K,D,A

SUMMER STUDY PERIOD / TERM

C, D, E	MODULE CODE	MODULE TITLE	Day/Time	Credits	K,D,A

Signed (Student): **Date:**

Signed approval
 (Course Leader/Course Administrator): **Print Name:** **Date:**