

**UNIVERSITY OF ESWATINI - INSTITUTE OF DISTANCE EDUCATION  
REGISTRATION FORM – NON-CREDIT SYSTEM STUDENTS**

**Declaration by Student:** I have checked with my course coordinator and I am certain that the courses I have listed below are the correct courses for the YEAR (**BOTH SEMESTERS**). I am, therefore, aware that this registration is for **BOTH FIRST AND SECOND SEMESTERS**.

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NAME OF STUDENT: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

PROGRAMME: \_\_\_\_\_ YEAR OF STUDY: \_\_\_\_\_

CONTACT NO: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**COURSES TO BE REGISTERED**

COURSE CODE	COURSE FULL NAME
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**(FOR REGISTRY OFFICE USE ONLY)**

ACTIONED BY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**UPON RECEIPT OF AN EMAIL INDICATING THAT YOUR REGISTRATION HAS BEEN COMPLETED,  
CHECK YOUR ENROLMENT DETAIL IN YOUR REGISTRATION PORTAL AND PRINT YOUR PROOF OF  
REGISTRATION.**