



MUHABURA INTEGRATED POLYTECHNIC COLLEGE

Website: www.mipc.ac.rw

E-mail: info@mipc.ac.rw

P.O. Box: 26 Musanze – Rwanda

Tel: +250788687033



“Accredited by WDA Resolutions of the BoD 1094/17 on 29 June 2017”

STUDENT REGISTRATION FORM

Photo

Academic Year: 20... Intake: February May September

1) Name:

Surname and other Names:

Sex: Male Female

Session: Day session Evening session Weekend session

2) Place & Date of Birth:

3) Nationality:Country of Residence:

4) Permanent Address:

Province:.....

District:.....

Sector:.....

Tel No: +250 Email:

ID Number:ID Type:

5) Sponsorship (mark (X) as appropriate)

- a) Self-sponsorship (If payments are to be made by the student)
- b) Sponsorship by employer
(Attach a letter of Sponsorship from the Employer)
- c) Sponsorship by any other agency (please specify)

FOR OFFICE USE (TO BE FILLED IN BY THE OFFICER)

Faculty of

Department of

Reg N°:

Date of Registration:

Verified by:

Admitted on:

Signature of the Academic Registrar



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