



**UNIVERSITY OF ESWATINI – FACULTY OF CONSUMER SCIENCES  
REGISTRATION FORM – ACADEMIC WARNING STUDENT**



**Declaration by Student:** I understand that as a student with an academic warning, I am limited to register for 15 credits. I have checked my course structure and have selected courses that will add to a total of 15 credits.

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

**PROGRAMME OF STUDY:** \_\_\_\_\_ **SEMESTER:** \_\_\_\_\_

**CONTACT NUMBER:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**COURSES TO BE TAKEN:**

COURSE CODE	COURSE FULL NAME

**STUDENT'S SIGNATURE:** \_\_\_\_\_

**(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.**