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**REGISTRATION FORM**

**POSTGRADUATE SYMPOSIUM 2025**

**SCHOOL BUSINESS MANAGEMENT (SBM)**

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| --- | --- | --- |
| **Student Name** | **:** |  |
| **Matric No** | **:** |  |
| **Programme** | **:** |  |
| **Mobile No** | **:** |  |
| **E-mail** | **:** |  |
| **Supervisor** | **:** |  |
| **Co-supervisor** | **:** |  |
| **School** | **:** |  |
| Signature:………………………………………(Student)Date:……………………………………………. | Signature:………………………………………(Supervisor) Date:…………………………………………… |
| **Reviewer 1 :** | **Reviewer 2 :** |

**Presenter Participant**

 **(FOR OFFICE USE ONLY)**

Recipient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Stamp: