



Registration Form

Please tick appropriate box

25/26

LA2194404

Student ID

Semester: One (Fall) Two (Spring) Summer

Mrs.

Lamontagne

Cherel

Ms.

Last Name

First Name

MI

Mr.

Nationality St. Lucian

Status: Full Time Part Time

AWARD: Bachelor's Degree Associate Degree Diploma Certificate

Programme ADE to Bachelor's Degree Level 0 1 2 3 4

COURSE		COURSE TITLE	Advisor's Initial
Code	Section		
EDU220	A	Educational Assessment	M.J
RES301	B	Research Designs and Methods	S.S O
EDU401	A	Creating the Inclusive Classroom	S. J
EDU316	A	Community Service Learning	J.M. F
GEN301	A	Information Society	S. A

Student's Signature: Cherel Lamontagne

Administrator's Signature: _____ Date 21/8/25

FOR FINANCE USE ONLY

Total Fees Payable \$ _____

Total Fees Paid \$ _____

Balance Due \$ _____

STAMP

Signature _____

Date _____