University of Nigeria



Full Name:	**AGUSI CHIDERA JOSEPH**
Faculty:	**HEALTH SCIENCES AND TECHNOLOGY**
Entry Mode:	**UTME**
Session:	**2025-2026**
Date of Birth:	**04-09-2004**
LGA:	**Onuimo**
Sponsor Name:	**Agusi Chimezie**

Matric No:	**2021/241687**
Department:	**MEDICAL RADIOGF RADIOLOGICAL SC**
Level:	**400 LEVEL**
Semester:	**Second**
Phone Number:	**09033724532**
Sponsor Phone Number:	**08032125480**

REGISTERED COURSES

Course Code	Course Title	Course Unit	Course Type	Approved
RAD 492	RESEARCH METHODS	2	COMPULSORY	False
RAD 462	MAGNETIC RESONANCE IMAGING	2	COMPULSORY	False
RAD 434	CLINICAL POSTINGS III	4	COMPULSORY	False
RAD 422	RADIOGRAPHIC IMAGING PROCESSES III	2	COMPULSORY	False
RAD 412	RADIOGRAPHIC EQUIPMENT III	2	COMPULSORY	False
RAD 464	RADIONUCLIDE IMAGING AND THERMOGRAPHY	2	COMPULSORY	False
NSC 422	COMMUNITY HEALTH NURSING III	2	ELECTIVE	False
CED 342	BUSINESS DEVELOPMENT & MANAGEMENT	2	ELECTIVE	False
RAD 432	RADIOGRAPHIC TECHNIQUES IV	3	COMPULSORY	False
	TOTAL	21		

AGUSI C

Student Signature

Academic Adviser's Name

Academic Adviser's Signature

HOD's Name

HOD's Signature

Faculty Officer's Name

Faculty Office's Signature



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