COURSE REGISTRATION FORM
Fall-2023 SEMESTER

(To be filled by Student)

Registration Number	
Student's Name	
Degree Program	
Department	
Contact Number	
Date	

List of courses to be registered:

S. No	Course Code	Course Title	Credit Hours	DL/Regular	Previous Grade (in case the course is repeated)
1					
2					
3					
4					
5					
6					
7					

_____
Student's Signature

For Department Use Only

(To be filled by Student Advisor/ Head of Department)
I have cross checked the course codes and titles found to be correct and the student is allowed to register the above courses.

Remarks (If Any) _____
_____
_____

_____
Advisor's Name

_____   _____
Advisor's Signature and date   **HoD Signature and Date**

For Students Affairs Office Use Only

All the above-mentioned courses have been registered in Synergy.

Remarks (If any) _____
_____

_____
Signature of the Registration Officer with date