

COURSE REGISTRATION FORM
SPRING-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	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