

COURSE REGISTRATION/DROP FORM

Name of Student (as per Matriculation)				University Registration No.				
Semester/Session			Year			Program Name		
Spring	Summer	Fall						
			Current Semester:					
Sr.	Course Code	Course Title	Cr. Hrs.	New Course (Please tick)	Repeat (Mention Prev. Grade)	Required Action (Please tick)		Remarks (Academic Advisor)
						Add	Drop	
TOTAL CREDIT HOURS								
Cumulative GPA			Student's Signature			Date		

FOR OFFICE USE ONLY

Academic Advisor (Verified & Recommended by)	Remarks
The course numbers, title and credit hours assigned are correct.	
The time table circulated for the semester shows no clashes.	
The student details have been provided for CMS & LMS.	
I recommend him/her for registration of the courses listed above.	
Date:	Signature:

Chairperson/HOD	RECOMMENDED/ NOT RECOMMENDED	_____
		Signature
Dean/Principal	APPROVED/NOT APPROVED	_____
		Signature

Distribution List

- Software Developer, Information System
- Coordinator Student Affairs Office
- Student Dossier