



**NUST College of Electrical and Mechanical Engineering**  
**Course Registration Proforma MS Students at CEME**



Student Name: \_\_\_\_\_ Regn No \_\_\_\_\_

Discipline: \_\_\_\_\_ Semester \_\_\_\_\_

Contact No: (Mobile) \_\_\_\_\_ Email \_\_\_\_\_

Already studied courses \_\_\_\_\_ CGPA \_\_\_\_\_

S/No	Course Code	Course Title	Core	Elective	Other Institute Name (if any)
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

**Request for Courses registration for summer semester in CEME**

S/No	Course Code	Course Title	Core	Elective
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Remarks**

- Form for course registration for normal courses.
- For repeat/alternate/additional/W Grade separate form alongwith minute sheet to be initiated by student/dept.
- In case a student wants to add/drops a course, his courses add/drop forms, duly signed by HoD within two weeks of the commencement of classes.

Student's Signature with date: \_\_\_\_\_

**Recommendation by Dept PG/PhD Coordinator:**

Signature with Date \_\_\_\_\_

**Recommendation by DC Exam:**

Signature with Date \_\_\_\_\_

**Approved / Not Approved**

\_\_\_\_\_  
**Respective HoD Signature with Date**

**Declaration by Applicant.** As follows :-

- I hereby declare that in this semester I shall register a maximum of two courses in the College/any other NUST Institute. Moreover, I will have no objection if my 2x papers are scheduled on the same day. It is certified that I, the undersigned shall maintain minimum 75% attendance in the course in which I will be enrolled, irrespective of the course Credit Hrs. If my statement is found incorrect at any stage, the School authority may take any punitive action against the undersigned to which I may be considered liable, I shall have no objection.

2. I also acknowledge that the prescribed Fee (@ Rs. 5000/- per CH) once submitted is considered

**ACKNOWLEDGEMENT RECEIPT**

CMS ID/Regn no \_\_\_\_\_ Name \_\_\_\_\_

Dept \_\_\_\_\_ Number of courses applied for \_\_\_\_\_

Name and signature of receiving Clk \_\_\_\_\_

Receiving Date/Time \_\_\_\_\_