



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"/>	

Request for Courses registration for current semester in CEME

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

ACKNOWLEDGEMENT RECEIPT

CMS ID/Regn no _____ Name _____

Dept _____ Number of courses applied for _____

Name and signature of receiving Clk _____

Receiving Date/Time _____