



**NUST College of Electrical and Mechanical Engineering**  
**Course Registration Proforma PhD 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"/>	

**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"/>

**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 Supervisor/Co-Supervisor**

Name of Supervisor/Co-Supervisor \_\_\_\_\_  
Signature with Date \_\_\_\_\_

**Recommendation by Dept 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 \_\_\_\_\_