



**KHAWAJA FAREED UNIVERSITY OF ENGINEERING & INFORMATION  
TECHNOLOGY, RAHIM YAR KHAN**

**COURSE REGISTRATION FORM**

Name of Department	Name of Degree Program

Name of Student

Registration No.

Semester		
Fall	Spring	Summer

Year			

Course No.	Course Title	Cr. Hrs	New Course	Repeat	Pre-requisites	
			Please tick	Prev grade	Course No	Grade
<b>TOTAL CREDIT HOURS</b>						

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**(Certificate from the Advisor)**

Tutor	Remarks
The course numbers, title and credit hours assigned are correct	
The students has completed the pre-requisite(s) of the above courses	
The time table circulated for the semester shows no restriction.	
<b>I recommend him/her for registration of the courses listed above.</b>	
Advisor Signature	Date:
<b>HoD</b> Signature	Date

**(Certificate from the CBA Coordinator)**

It is certified that above opted courses have been registered in Core Business Application (CBA).	
Name: _____	Signature with date: _____

**NOTE:** Please Return dully signed Course Registration Form to Office of the Registrar