



QARSHI UNIVERSITY

Annexure – 1

COURSE REGISTRATION FORM

Name: _____

Registration no. _____ Department: _____ Program: _____

CGPA: _____ Total Credit Hours Completed Successfully: _____

E-mail: _____ Contact no.: _____

Semester: Fall / Spring / Summer

Sr. No.	Course Code	Course Title	Credit Hrs.	Section
1				
2				
3				
4				
5				
6				
7				
8				
			Total:	

Dated: _____

Student Signature: _____

HoD

Registrar

Acknowledgement Receipt
Course Registration Form

Student Name: _____

Registration No. _____

Semester: Fall / Spring / Summer

Advisor Name: _____

Advisor Signature: _____