



**QARSHI UNIVERSITY
COURSE ADD / DROP FORM**

Annexure – 5

Name: _____

Registration no. _____ Department: _____ Program: _____

CGPA: _____ Total Credit Hours Completed Successfully: _____

E-mail: _____ Contact no.: _____

Semester: Fall / Spring / Summer

Course / s to be added:

Sr. No.	Course Code	Course Title	Cr. Hrs.	Section
1				
2				
3				

Course / s to be dropped:

Sr. No.	Course Code	Course Title	Cr. Hrs.	Section
1				
2				
3				

Total Credit Hrs. Before Add / Drop: _____

After Add / Drop: _____

Dated: _____

Student Signature: _____

HoD

Registrar

**Acknowledgement Receipt
Course add / drop Form**

Student Name: _____

Registration No. _____

Semester: Fall / Spring / Summer

Advisor Name: _____

Advisor Signature: _____