



Course Registration Form

Date: _____

Student Name: _____

Reg. No: _____

College/Department: _____

Field of Study: _____ Area of Research: _____

No. of courses passed: _____ CGPA: _____

Semester applied for: _____

Course Code	Course Title	Credit hours	Approved

MS/MPhil Coordinator/HoD

Dean

Director PGS