



**KHWAJA 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			Semester No.	Year			
Fall	Spring	Summer					

Course Code	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 code, title and credit hours mentioned are correct.	
The students has completed the pre-requisite(s) of the above courses	
The time table circulated for the semester shows no restriction/Clash of Courses	
<b>I recommend him/her for registration of the courses listed above.</b>	
Advisor Signature _____	Date: _____
<b>HoD</b> Signature _____	Date _____

**(Certificate from the Finance Department)**

Certified that opted courses fee has been paid and original challan copies of Registrar office is attached	
Name: _____	Signature/stamp with 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 Front Office of the Concerned Dept.