The University of Computing & Information Technology , Swat

Course Registration Form

Serial #: _____

Semester To Enroll: _____ Academic Year: _____

Department: _____ Campus: _____

Registration #: _____ Program: _____

Name: _____ Father's Name: _____

CGPA: _____ out of 4.00

Details of Courses to be Registered:

Serial #	Course Code	Course Title	Credit Hours
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
		Total Credit Hours Registered:	

* Use another copy of this form for writing additional courses.

Latest transcript is attached: **Yes** [ ] **No** [ ] Fee payment receipt is attached: **Yes** [ ] **No** [ ]

I declare that I have read and understood the instructions below, and that all the information provided by me in the form are correct to the best of my knowledge.

Student's Signature: _____

Date of Submission: _____

For Office Use Only
The form has been checked & verified. Finance Section (Sign and Stamp) _____ Assigned Class and Section: _____ Program Coordinator Signature and Date: _____

Instructions:

- This form is to be filled by the concerned student himself/herself who is intending to register course(s).
- The student has to submit the form at the concerned department's relevant office before the deadline of registration. Late submissions of registration forms will not be entertained.
- Student concerned will be responsible for any misinformation provided in this form.
- Student has to attach his/her latest transcript and original Department's copy of fee payment receipt.