

**Capital University of Science & Technology**

Islamabad

**Transfer Student Course Registration Form**

**Semester:**

|  |  |
| --- | --- |
| **Reg No:** | **Phone:** |
| **Name:** | **Email:** |

**Course(s) to Register:**

|  |  |  |  |
| --- | --- | --- | --- |
| **S#** | **Course Code** | **Course Title** | **Sec** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |

* I certify that there is no clash in timetable and date sheet and I also cleared the pre-requisites of above mentioned course(s).
* If any clash found, university has right to cancel my registration without any claim.
* Copy of timetable and datesheet must be attached.

|  |  |  |
| --- | --- | --- |
| **Dated:** |  | **Student's Signature:** |

**For office use only**

|  |  |  |
| --- | --- | --- |
| **Received On:** |  | **Officer Signature:** |

* Student request shall be processed and acknowledge by receiving officer within 2 days.