

**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.