



# MALIR UNIVERSITY

OF SCIENCE & TECHNOLOGY

## Manual Course Registration Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Registration No: \_\_\_\_\_

Program: \_\_\_\_\_ Section: \_\_\_\_\_

I will be registering for the following courses.

S.No	Course	Program	Section
1			
2			
3			
4			
5			
6			
7			

I have completed all pre-requisite requirements of above courses. I understand that my course registration will be cancelled if I have not completed my pre-requisites.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Program HoD:  
Signature & Date  
Remarks \_\_\_\_\_

\_\_\_\_\_  
Registrar's Office