NORTH EAST UNIVERSITY BANGLADESH

COURSE REGISTRATION FORM

☐ **Spring /** ☑ **Fall Semester 20 __24__**

Department: **CSE**　　　　　　　　　　　Program: **B.Sc. (Engg.) in CSE**

1) **Name of the Student:** _____　Section (If any):_____

2) **Registration/ID No:** _____Semester(s) Number: **2nd**

3) Courses taken in current semester

	Course Code	Course Title	Credits
(i)	CSE-06131211	Data Structures and Algorithms	3.00
(ii)	CSE-06131212	Data Structures and Algorithms Lab	1.50
(iii)	CSE-06131213	Electronic Devices and Circuits	3.00
(iv)	CSE-06131214	Electronic Devices and Circuits Lab	1.50
(v)	MAT-05411203	Linear Algebra	3.00
(vi)	PHY-05331201	Fundamentals of Physics	3.00
(vii)	ENG-02321201	Advanced Functional English	3.00
(viii)	SSW-03141202	Bangladesh Studies	3.00
(ix)			
(x)			

4) **Regular/Drop credits taken** _____**21**_____ **5) Number of Non Credit Course:** _____

_____　　　　　　　_____
Signature of the Student　　　　　　　**Course Advisor/Head of the Dept.**

　　　　　　Please Turn Over

Retake / Improvement

6) Fail Courses List: *(Completed by Course Advisor or Controller of Examinations Office)*

Course Code		Course Code		Course Code		Course Code	
(i)		(iv)		(vii)		(x)	
(ii)		(v)		(viii)		(xi)	
(iii)		(vi)		(ix)		(xii)	
Checked by the office of the CoE :							

7) Retake or Improvement Courses taken in current semester.

	Course Code	Course Title	Credits	Please Tick Fail	Please Tick Improvement
(i)				☐	☐
(ii)				☐	☐
(iii)				☐	☐
(iv)				☐	☐
(v)				☐	☐
(vi)				☐	☐
(vii)				☐	☐
(viii)				☐	☐

***Enrolling a failed or Improvement course(s) will be treated as Re-Take.

8) Re-Take credits taken: _____ **9) Total credits (Regular+Retake):** _____

Waiver %	*filled by accounts office*		Total Payable for current semester	*filled by accounts office*

☞*If a student confirms the course registration in a semester but does not continue the classes or exams of all courses, i.e- if he/she drop this specific semester, he/she must withdraw their registration according to the prescribed process. **Failure to do so will result in incurring all necessary fees, and all the registered courses will be designated as retake courses in the next semester whenever student choose to take these courses.***

_____   _____

Signature of the Student   **Student Mobile No.**

For Office Use	
Accounts Office	Exam Office
Date:	Date:

_____   _____

Course Advisor   **Head of the Department**
Date: **Date:**

☞ ***Students are advised to taking approval from respective Course advisor and or Department Head & Submit it to the Controller of Examinations Office along with Payment slip.***