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:__**4th**__

3) Courses taken in current semester

	Course Code	Course Title	Credits
(i)	CSE-06132211	Introduction to Database Systems	3.00
(ii)	CSE-06132212	Introduction to Database Systems Lab	1.50
(iii)	CSE-06132213	Operating System	3.00
(iv)	CSE-06132214	Operating System Lab	1.50
(v)	CSE-06132215	Theory of Computation	3.00
(vi)	CSE-06132217	Numerical Analysis	1.50
(vii)	CSE-06132218	Numerical Analysis Lab	3.00
(viii)	CSE-06132220	Project Work I	1.50
(ix)	MAT-05412205	Complex Variables, Laplace Transform and Fourier Series	3.00
(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.*