

NORTH EAST UNIVERSITY BANGLADESH COURSE REGISTRATION FORM

☐ Spring / ☑ Fall Semester 20 <u>24</u>

Name	Name of the Student: Section Registration/ID No: Semester Section									
Regist										
Courses taken in current semester										
Course Code		Course Title	Credits							
(i)	MAT-201	Numerical Methods	3.00							
(ii)	CSE-317	Simulation and Modeling	3.00							
(iii)	CSE-323	Management Information Systems	3.00							
(iv)	CSE-331	Operating System and System Programming	3.00							
(v)	CSE-332	Operating System and System Programming Lab	1.50							
(vi)	CSE-413	Web Engineering	3.00							
(vii)	CSE-414	Web Engineering Lab	1.50							
(viii)	CSE-455	Machine Learning	3.00							
(ix)	CSE-456	Machine Learning Lab	1.50							
(x)										
Regular/Drop credits taken 22.5 5) Number of Non Credit Course:										
	, 21 op 01 01110 0	 5) 0. 0 0. 0 0. 0 0. 0								

RETAKE / IMPROVEMENT

i)	Fail C	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)				
	Check	xed by the office of the CoB	E :								
7)	Retal	ke or Improvement Co	ourses	taken in current sem	ester.						
,		-	T					Credits	Pleas	se Tick	
		Course Code		Course Title					Fail	Improv ement	
	(i)										
	(ii)										
	(iii)										
	(iv)										
	(v)										
	(vi)										
	(vii)										
	(viii)										
***	Enrol	l lling a failed or Impr	rovem	ent course(s) will b	e trea	ted as Re-Take.					
3)	Re-Ta	ake credits taken:			9) To	tal credits (Regular+R	Retake]):			
_	aiver	filled by accounts of	ffice		Ţ	Total Payable for		ed by acco	ounts of	ffice	
	aiver %				ļ	current semester					
ne/s vill	she dro I result	udent confirms the cours op this specific semester, t in incurring all necess whenever student choos	r, he/she s sary fee	e must withdraw their re es, and all the register	egistrati	tion according to the pre	escribed	l process. F	Failure to	to do so	
			Fc	or Office	e lise						
_							1 01	, 030			
ign	gnature of the Student		- ;	Student Mobile No.							
	ırse Ad	lvisor		of the Department		Accounts Office	e			Office	
)at	Oate:		Date:		,	Date:		r	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.