



# NORTH EAST UNIVERSITY BANGLADESH

## COURSE REGISTRATION FORM

Spring /  Fall Semester 20 \_\_\_\_

Department: \_\_\_\_\_ Program: \_\_\_\_\_

1) Name of the Student: \_\_\_\_\_ Section (If any): \_\_\_\_\_

2) Registration/ID No: \_\_\_\_\_ Semester(s) Number: \_\_\_\_\_

### REGULAR REGISTRATION

3) Courses taken in current semester

	Course Code	Course Title	Credits
(i)			
(ii)			
(iii)			
(iv)			
(v)			
(vi)			
(vii)			
(viii)			

4) Regular/Drop credits taken: \_\_\_\_\_ 5) Number of Non Credit Course: \_\_\_\_\_

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

\_\_\_\_\_  
Course Advisor/Head of the Dept.

*Please Turn Over*

# Retake / Improvement Registration

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)	
<i>Checked by the office of the CoE :</i>							

7) **Retake or Improvement Courses taken in current semester.**

	Course Code	Course Title	Credits	Please Tick	
				Fail	Improv ement
(i)				<input type="checkbox"/>	<input type="checkbox"/>
(ii)				<input type="checkbox"/>	<input type="checkbox"/>
(iii)				<input type="checkbox"/>	<input type="checkbox"/>
(iv)				<input type="checkbox"/>	<input type="checkbox"/>
(v)				<input type="checkbox"/>	<input type="checkbox"/>
(vi)				<input type="checkbox"/>	<input type="checkbox"/>

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

8) Re-Take credits taken: \_\_\_\_\_ 9) Total credits (Regular+Retake): \_\_\_\_\_

<b>Waiver %</b>	<i>filled by accounts office</i>

<b>Total Payable for current semester</b>	<i>filled by accounts office</i>

*↗ 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.**

\_\_\_\_\_  
**Course Advisor**

\_\_\_\_\_  
**Head of the Department**

**Date:**

**Date:**

For Office Use	
Accounts Office Date:	Exam Office 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.**