NORTH EAST UNIVERSITY BANGLADESH

COURSE REGISTRATION FORM

☑ **Spring /** ☐ **Fall Semester 20 __25__**

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

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

2) **Registration/ID No:** _____ Semester(s) Number:__**7th**__

3)	**Courses taken in current semester**		
	Course Code	**Course Title**	**Credits**
(i)	CSE-321	Microprocessor & Interfacing	3.00
(ii)	CSE-322	Microprocessor & Interfacing Lab	1.50
(iii)	CSE-400	Thesis / Project I	2.00
(iv)	CSE-421	Compiler Construction	3.00
(v)	CSE-422	Compiler Construction Lab	1.50
(vi)	CSE-431	Digital Signal Processing	3.00
(vii)	CSE-432	Digital Signal Processing Lab	1.50
(viii)	CSE-459	Contemporary Course on Computer Science & Engineering	3.00
(ix)	CSE-460	Lab onContemporary Course on Computer Science & Engineering	1.50
(x)			

4) **Regular/Drop credits taken** _____**20**_____ **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	**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

_____   _____

Course Advisor   **Head of the Department**

Date: **Date:**   Accounts Office   Exam Office

     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.*