

NORTH EAST UNIVERSITY BANGLADESH COURSE REGISTRATION FORM

☐ Spring / ☑ Fall Semester 20 <u>25</u>

De	Department: CSE Program: B.Sc. (Engg.) in CSE												
1)	Name	of the Student:	Section	Section (If any):									
2)	Regist	tration/ID No:	Semes	_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)	Regu	lar/Drop credits take	en <u>21</u> 5) Number of Non Credit Course	::									
Signature of the Student Course Advisor/Head of the D													

RETAKE / IMPROVEMENT

6)	Fail Courses List: Course Code		(Com	(Completed by Course Advisor or Controller of Examinations Office)											
				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)	Retak	ke or Improvement (Courses	taken in current seme	ester.										
	Course Code			Course Title					Please Tick Fail Improv						
	(i)									ement					
	(ii)														
	(iii)														
	(iv)														
	(v)														
	(vi)														
	(vii)														
	(viii)														
***	Enrol	ling a failed or Im	provem	ent course(s) will b	e treat	ted as Re-Take.									
8)	Re-Ta	ike credits taken:			9) To	tal credits (Regular+F	Retake)	:							
w	filled by accounts		office	ffice		Total Payable for		filled by accounts office							
%						current semester									
dro in i	p this s ncurrin	pecific semester, he/sl	he must w ınd all th e	vithdraw their registratio	оп ассоі	t continue the classes or rding to the prescribed pa ignated as retake cours	rocess. I	Failure to d	do so wi	ill result					
						Fo	For Office Use								
Signature of the Student				Student Mobile No.	_										
Coı	Course Advisor			of the Department	_	Accounts Office			Exam C	Office					
		Date:			Date:	Date:									

the Controller of Examinations Office along with Payment slip.