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: **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	3.00
(vii)	CSE-06132218	Numerical Analysis Lab	1.50
(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	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.**

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.