

## 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	Sectio	ion (If any):										
2)	Regist	tration/ID No:	Semes	ster(s) Number: 6th									
3) Courses taken in current semester													
		Course Code	Course Title	Credits									
	(i)	CSE-06133211	Introduction to Computer Security	3.00									
(ii) CS		CSE-06133212	Introduction to Computer Security Lab	1.50									
	(iii)	CSE-06133213	Machine Learning	3.00									
	(iv)	CSE-06133214	Machine Learning Lab	1.50									
	(v) CSE-06133215		Computer Architecture	3.00									
	(vi)	CSE-06133216	Web Technologies	1.50									
	(vii)	CSE-06133218	Technical Writing and Research Methodology	1.50									
	(viii)	CSE-06133230	Project Work II	1.50									
	(ix)	ECO-03113203	Principles of Economics	3.00									
	(x)												
4)	Regu	lar/Drop credits take	en 19.5 5) Number of Non Credit Course	n:									
Signature of the Student Course Advisor/Head of the De													

## 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 of		office	Total Payable for fil			fille	led by accounts office							
%						current semester									
dro <b>in i</b>	p this s <b>ncurrin</b>	pecific semester, he/sl	he must w <b>ınd all th</b> 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.