

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	tion (If any):										
2)	Regis	tration/ID No:	Semester(s) Number: 7th									
3)	Courses taken in current semester											
	Course Code		Course Title	Credits								
	(i)	CSE-400	Thesis / Project I	2.00								
	(ii)	CSE-423	Computer Graphics	3.00								
	(iii)	CSE-424	Computer Graphics Lab	1.50								
	(iv)	CSE-425	Cyber and Intellectual Property Law	3.00								
	(v)	CSE-413	Web Engineering	3.00								
	(vi)	CSE-414	Web Engineering Lab	1.50								
	(vii)	CSE-455	Machine Learning	3.00								
	(viii)	CSE-456	Machine Learning Lab	1.50								
	(ix)											
	(x)											
4)	Regu	lar/Drop credits t	taken <u>18.5</u> 5) Number of Non Credit Cour	se:								
Signature of the Student Course Advisor/Head of the Dep												

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	ce or Improvement (Courses	taken in current seme	ester.										
	Course Code			Course Title					Pleas Fail	e Tick 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	fice		Total Payable for		filled by accounts office							
Waiver %						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			Head of the Department		Accounts Office	Exam Office								
Date:		Date:			Date:			Date:							

the Controller of Examinations Office along with Payment slip.