



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: 8th

3) Courses taken in current semester

	Course Code	Course Title	Credits
(i)	CSE-425	Cyber and Intellectual Property Law	3.00
(ii)	CSE-402	Thesis/ Project II	2.00
(iii)	CSE-404	Viva Voce	1.50
(iv)	CSE-423	Computer Graphics	3.00
(v)	CSE-424	Computer Graphics Lab	1.50
(vi)			
(vii)			
(viii)			
(ix)			
(x)			

4) Regular/Drop credits taken 11 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)			<input type="checkbox"/>	<input type="checkbox"/>
(ii)			<input type="checkbox"/>	<input type="checkbox"/>
(iii)			<input type="checkbox"/>	<input type="checkbox"/>
(iv)			<input type="checkbox"/>	<input type="checkbox"/>
(v)			<input type="checkbox"/>	<input type="checkbox"/>
(vi)			<input type="checkbox"/>	<input type="checkbox"/>
(vii)			<input type="checkbox"/>	<input type="checkbox"/>
(viii)			<input type="checkbox"/>	<input type="checkbox"/>

***Enrolling a failed or Improvement course(s) will be treated as Re-Take.

8) Re-Take credits taken: _____ 9) Total credits (Regular+Retake): _____

Waiver %	<i>filled by accounts office</i>

Total Payable for current semester	<i>filled by accounts office</i>

✍ 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
Date:

Head of the Department
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.