



COURSE REGISTRATION FORM

Student's Name: _____ Father's Name: _____
Registration No: _____ National ID: _____
Department / Institute /: _____ Program: _____
Session: _____ Semester (Fall/Spring) Year: _____ Semester No: _____

Details of courses to be registered

Course Code	Course Name	Credit Hours

Details of course(s) to be re-registered

Course Code	Course Name	Semester	Previous Grade

I hereby certify that particulars given above are correct. I promise to abide by the rules and regulations of the university / institute.

Date: _____ Student's Signature: _____

Semester's Fee Detail:

Semester	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	Total Amount
Amount Deposited									

Fee Deposited for re-registration/Summer Semester:

Course								Total Amount
Amount Deposited								

Department's Clerk/Assistant: Name _____ Signature _____ Date: _____	Program Coordinator: Name _____ Signature _____ Date: _____	Chairperson/Director: Name _____ Signature _____ Official Stamp: _____ Date: _____
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- Note:**
1. The concerned Chairperson/Director shall circulate notification to the students prior to commencement of new semester, for submission of Course Registration Form.
 2. No case shall be entertained without fulfillment of the required formalities and clearance of dues. The Form can be downloaded from UST Bannu website www.ustb.edu.pk
 3. After verification and confirmation by the above Officials, the discipline-wise students' Forms shall be forwarded to the C.O.E by the concerned Chairperson/Director with a covering letter/list, within 2 weeks of the commencement of classes.