CENTRAL UNIVERSITY
OF SCIENCE & TECHNOLOGY

An Industry-Driven University in Bangladesh

Course Registration Form

Name of the Student: _____ Student ID:_____

School:_____ Department:_____

Program: _____ Batch:_____ Mobile: _____

Semester:_____ Account No _____ Email: _____

Course Registration Details

Sl.	Course Code	Course Title	Theory Hrs/Week(L)	LAB Hrs/Week(L)	Credit (C)
		Total			

Student's Signature: _____ Date: _____

Office Use Only		
Program Coordinator	**Chairman of the Department**	**Registrar**
Signature & Date	**Signature & Date**	**Signature & Date**

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