



# COMSATS University Islamabad

## Sahiwal Campus

COMSATS Road off G.T. Road, Sahiwal

Ph: 040-4305001-5 Fax: 040-4305006 Web: [www.comsats.edu.pk](http://www.comsats.edu.pk)

Date: \_\_\_\_\_

### Subject: Request for Courses Registration (Regular Semester)

Student Name: \_\_\_\_\_ Registration#: \_\_\_\_\_

Sr. No.	Course Code	Credit Hours	Pre-Requisite (If any)	Status of Pre-Requisite Course (Pass or Fail)	Course to be Registered with the Batch and Section	Status of Previous Semester (PRB/GAS)
1						
2						
3						
4						
5						
6						
7						

Student Signature:

Signature & Name

Batch Advisor

Signature:

HoD/ In charge