



**SHAHEED ZULFIKAR ALI BHUTTO  
INSTITUTE OF SCIENCE & TECHNOLOGY  
Cross Disciplinary Course Registration Form**

Name \_\_\_\_\_ Registration No: \_\_\_\_\_

Program \_\_\_\_\_ Semester: Fall / Spring / Summer 20

Sr. No.	Course Name	Semester/ Section	Pre-Req (Clear Yes / No)	Cr Hrs.
1				
2				
3				
4				
5				
6				
7				

**Total** \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Dated \_\_\_\_\_

1 Account Unblocked  **Admission Office** \_\_\_\_\_  
 (Reason: \_\_\_\_\_) Name \_\_\_\_\_  
 Signature and Date

2 i) For Late registration, fine Rs. 1500/- charged   
 Account Unblocked  **Finance Office** \_\_\_\_\_  
 (Reason: \_\_\_\_\_) Name \_\_\_\_\_  
 Sign & Stamp with Date

*PM will only sign when Sr. No. 1 & 2 has been cleared & signed*

3 \_\_\_\_\_ No. of courses approved for registration as per  
 road map in respective prospectus **Program Manager 1** \_\_\_\_\_  
 Signature and Date  
**Program Manager 2** \_\_\_\_\_  
 Signature and Date

4 \_\_\_\_\_ No. of courses registered as approved by PM **Academic Office** \_\_\_\_\_  
 Signature and Date  
 Remarks \_\_\_\_\_  
 Name \_\_\_\_\_