



**SHAHEED ZULFIKAR ALI BHUTTO  
INSTITUTE OF SCIENCE &  
TECHNOLOGY UNIVERSITY**

**Cross Disciplinary Course Registration Form**

Name: \_\_\_\_\_

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

Program: \_\_\_\_\_

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

Contact No: \_\_\_\_\_

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

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

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

Dated \_\_\_\_\_

1 Account has been Unblocked \*

**Admission Office**

\_\_\_\_\_  
Signature and Date

(Reason \_\_\_\_\_)

Name: \_\_\_\_\_

2 \_\_\_\_\_  
*PMs will only sign when Sr. No. 1 has been signed*  
No. of courses approved for registration as per road map

1. Program Manager \_\_\_\_\_

2. Program Manager \_\_\_\_\_  
(Cross Disciplinary)

Remarks \_\_\_\_\_

3 i) In case of Late registration, fine Rs. 1500/- charged   
ii) Account has been Unblocked \*

**Finance Office**

\_\_\_\_\_  
Sign & Stamp with Date

(Reason \_\_\_\_\_)

Name: \_\_\_\_\_

4 \_\_\_\_\_  
No. of courses registered as approved by PM

**Academic Office**

Remarks \_\_\_\_\_

\_\_\_\_\_  
Signature and Date

**Note: ASO will NOT entertain incomplete form**

Name: \_\_\_\_\_

\* Mandatory Entry