



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

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 i) In case of Late registration, fine Rs. 1500/- charged

ii) Account has been Unblocked *

Finance Office

Sign & Stamp with Date

(Reason _____)

Name: _____

PMs will only sign when Sr. No. 1 & 2 has been signed

3 ____No. of courses approved for registration as per road map

1. Program Manager _____

2. Program Manager _____

Remarks _____

4 ____No. of courses registered as approved by PM

Academic Office

Remarks _____

Signature and Date

Note: ASO will NOT entertain incomplete forms

Name: _____