



C A S E

# Center for Advanced Studies in Engineering

Sir Syed Memorial Building, 19 Ataturk Avenue, G-5/1, Islamabad

Telephone: 92-51-8432273-7 Fax: 051-8314660

Web: [www.case.edu.pk](http://www.case.edu.pk)

## COURSE ADD & DROP FORM

**Instructions:** If all the courses are dropped in a Semester, the regular students are required to apply for Semester Leave.

CASE Roll No: \_\_\_\_\_  
Name: \_\_\_\_\_

**Program**  
 Undergraduate  
 Postgraduate

**Department**  
 E&CE  
 Engg. Mgmt

Write full name of the course (s) you want to Add / Drop and **Check (✓)** the appropriate column. Before dropping a Course; please consult the Academic Calendar for Financial or Academic Penalties (if any).

### For Course (s) Add Only

S. No.	Course Code	Course Name	Cr. Hrs.	1 <sup>st</sup> time	Repeating	Proof of Fee Receipt, DD#
1						
2						
3						

### For Course (s) Drop Only

S. No	Course Code	Course Name	Course Registered		Surplus (if any)	
			1st Time	Repeating	Refund	Carry Forward
1						
2						
3						

\_\_\_\_\_  
Date      Student's Signature

### For Office Use Only

#### Academic Department (If required)

Course (s) Add / Drop       Approved       Not Approved  
Academic Advisor Sign \_\_\_\_\_ Date \_\_\_\_\_ Department Chair's Sign \_\_\_\_\_ Date \_\_\_\_\_

#### Registration Branch

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
Database Updated by (Name): \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

#### Accounts:

Total receivable \_\_\_\_\_ Penalty (if any) \_\_\_\_\_ Amount paid \_\_\_\_\_ Balance (if any) \_\_\_\_\_  
Net amount refunded \_\_\_\_\_ CHQ No. \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Receipt Course (s) Add & Drop Request Form

Roll No: \_\_\_\_\_ Name: \_\_\_\_\_ Diary No. \_\_\_\_\_ Sign \_\_\_\_\_

#### Course (s) Add

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

#### Course (s) Drop

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_