Sir Syed CASE Institute of Technology

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Semester Registration

Instructions: Read instructions carefully before filling and its submission.

- Mail or hand deliver this form duly filled in along with proof of submission of all dues.
- Local applicant can deposit their dues in the Askari Bank, 85-East, F- Block, Kamran Center, Blue Area, Islamabad.
- **SS CASE IT** has the right to drop a course due to low enrollment or administrative reasons.
- You may not register a course for which you have not completed pre-requisite courses. If pre-requisite(s) is/are not completed, then you are required to obtain chairman's approval for the subject course(s).
- For Postgraduate thesis credits, please obtain the supervisor's approval. In case you have already completed 30 credit hours for a Master's degree and pursing your education as continuing education student and at a later stage you wish to transfer the additional credits to PhD degree then only up to 9 credit hours, earned during last three year can be transferred.

Roll No:	Registration No:	
Name:		
Degree:	_ Current Academic Standing:	CGPA:

Check (\checkmark) On-Campus box: If taking course as an "On-Campus" student. Check (\checkmark) LCD box: If taking course as a "Lecture CD" student.

#	# Course Code & Name	On	LCD	Pre-Req	Approval
π	Course Code & Maine	Campus	Status	Completed	Approval Signatures

Sponsorship Info (If any):	Payment Info:
Agency :	Challan/PO/DD No:
Reference No. :	Issue Date:
Start Date: End Date:	Due Date:

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PLEASE READ THE FOLLOWING AND SIGN:

hereby solemnly declare that I shall fulfill all my commitments (financial, academic, etc.) to SS CASE IT before the deadlines. In case I fail to fulfill any of my obligations, SS CASE IT may take any necessary action including but not limited to baring me from attending classes, appearing in the exams, revoking my registration, and canceling my admission

For Post Graduate Thesis / Project Only	
Supervisors Sig	

AS&R Office:

Signature: _____ Received By: _____ Dated: _ Date: **Semester Registration Form** Name: Received Roll No: Date Course(s) Registered:____

