আউনীআটী বিশ্ববিদ্যালয় : AUNIATI UNIVERSITY

(Recognized under Section 2(f) of UGC Act, 1956)

APPLICATION FORM FOR **COURSE REGISTRATION**

Enrollment No : ☐☐☐☐☐☐☐☐☐☐

Date of Admission : ☐☐ ☐☐ ☐☐☐☐

SESSION _____

Name of the Dept _____

Name of Course & Sem _____

1. Name of the Candidate in full (as recorded in the HSLC Certificate) in **block letters** only :

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2. COURSE CHOSEN FOR STUDY :

Sl	Course Name	Course Code	Credit Hour	Name of the Course Teacher	Course Teacher's Signature	Remarks

DECLARATION

I hereby declare that I have taken the courses mentioned in this list by my own choice. In this regard, there is no change in my decision.

Date : _____

Place : _____ Full Signature of the Student

RECOMMENDATION of the HoD/DC/Principal

The student belongs to my department. The subjects are suitable to his/her skills. As a student of the department, I approve of the selection of the above-mentioned courses.

Date : _____

Place : _____ Signature of HoD/Departmental Coordinator/Principal

APPROVAL OF THE REGISTRAR

Permission has been granted to take the courses requested by him/her.

Date : _____ Office Seal Signature of the Registrar