

## PG MODULE(S) REGISTRATION

Student Name:		
Student ID:		Mobile No.:
Email:		

Academic Year:	201..... / 201.....	
Semester:	<input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Semester 3	
Faculty:	<input type="checkbox"/> Engineering <input type="checkbox"/> ICS	
Specialism:	<input type="checkbox"/> REN <input type="checkbox"/> MAT <input type="checkbox"/> STDC <input type="checkbox"/> Web Sciences <input type="checkbox"/> M.Sc. <input type="checkbox"/> M.Eng.	

Module code	Module name	No. of Credits

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty's approval: \_\_\_\_\_ Date: \_\_\_\_\_

Office of Postgraduate Studies: \_\_\_\_\_ Discount: \_\_\_\_\_ Date \_\_\_\_\_

Finance Department: \_\_\_\_\_ Date: \_\_\_\_\_