



SZABIST
LARKANA CAMPUS

Manual Course Registration Form

Summer-2019

Date: _____

Name: _____ Registration No: _____

Program: _____

I want to register for the following courses (Maximum 6 Cr. Hr.)

S. No	Course	Program
1		
2		

I have completed all pre-requisite requirements of above courses. I understand that my course registration will be cancelled if I have not completed my pre-requisites. Fee will be refunded to me as per the policy.

Signature of Student

Program Manager:

Signature & Date

Remarks _____

HoD:

Signature & Date

Remarks _____

Academic Office