 **Office of the Controller of Examinations**

WOMEN UNIVERSITY, SWABI

**Enrollment Form/Registration Form for**

**Course of Regular Semester or Summer Semester** (Rs: 1,000/Per Paper)

Faculty Name:

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enrollment No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department / Institute / College:\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Year: \_\_\_\_\_\_\_\_\_\_\_ Session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Batch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester (Fall/Spring): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CNIC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Detail of Courses/Subjects to be registered in regular semester**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Code** | **Course Name** | **Course Credit Hours** | **Teacher Name** | **Teacher Signature with Date** |
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**Detail of Courses/Subjects to be Re-registered in running semester or summer semester**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course Code** | **Course Name along with credit hours** | **Semester** | **Attempt of Subject/Course**  **(2nd, 3rd, 4th etc)** | **Previous Subject Marks** | **Previous Subject Grade** | **Teacher Name** | **Teacher Signature with Date** |
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I hereby certify that particular given above are correct. I promise to abide by rules and regulation of the University / Institute.

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**Comment of Department Program Coordinator/Head of Department:**

Date of Semester Start:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Semester End: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Head of the Teaching Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Head of the Teaching Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forwarded Date by Head of the Teaching Department to the Examination Section:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_