



**DEPARTMENT OF STATISTICS  
BAHAUDDIN ZAKARIYA UNIVERSITY, MULTAN  
COURSE REGISTRATION FORM**

**Part-A**

Name:

--

Roll No.

Session:

Your Current Semester

End of Degree Period

--

--

1 2 3 4 5 6 7 8
-----------------

D D M M Y Y
-------------

CGPA

PCGPA

Total Courses to be repeated

Total CH of the Current Semester (without requested repeats)

--

--

1 2 3 4 5 6
-------------

--

Your Program:	Course failed in	First Course to be taken with	Second Course to be taken with
BS (M) <input type="checkbox"/>	First <input type="checkbox"/>	BS (M) <input type="checkbox"/>	BS (M) <input type="checkbox"/>
BS (E) <input type="checkbox"/>	Second <input type="checkbox"/>	BS (E) <input type="checkbox"/>	BS (E) <input type="checkbox"/>
MSc(M) <input type="checkbox"/>	Third <input type="checkbox"/>	MSc(M) <input type="checkbox"/>	MSc(M) <input type="checkbox"/>
MSc(E) <input type="checkbox"/>	Fourth <input type="checkbox"/>	MSc(E) <input type="checkbox"/>	MSc(E) <input type="checkbox"/>
MSc (B) <input type="checkbox"/>	Fifth <input type="checkbox"/>	MSc (B) <input type="checkbox"/>	MSc (B) <input type="checkbox"/>
M. Phil <input type="checkbox"/>	Sixth <input type="checkbox"/>	M. Phil <input type="checkbox"/>	M. Phil <input type="checkbox"/>
PhD <input type="checkbox"/>	Seventh <input type="checkbox"/>	PhD <input type="checkbox"/>	PhD <input type="checkbox"/>
	Eighth <input type="checkbox"/>		Eighth <input type="checkbox"/>

**Part-B**

Original Courses				Course To be Taken		
Code	Title	CH	GP	Code	Title	CH

Signature of the candidate

**Part-C**

I have checked and am thus able to certify that:

- The course codes, titles and credit hours mentioned in Part-B are Correct.
- The candidate has completed the pre-requisite(s) of the above-mentioned course(s).
- There are no clashes in class timings for the repeat courses and the original schedule of the candidate.
- Total number of courses taken by the candidate in one semester does not go beyond the prescribed limit as per Uniform Semester Rules of B. Z. University.

**Program Coordinator**  
(Actual Program)

**Program Coordinator**  
(Program Repeating in)

**Program Coordinator**  
(Program Repeating in)

**Part-D**

The particulars of above mentioned candidate are checked against the record available in Examination Cell and found correct.

**In Charge Examinations**

**Part-E**

The candidate has deposited the prescribed dues for the current semester and there is nothing outstanding against him.

**Departmental Office**

**Part-F**

The candidate's application is Accepted/ Provisionally Accepted/ Rejected.

**Chairman**