



**COMSATS University Islamabad, Vehari Campus**  
**Academics Department**

**Course Registration Form (For Late Registration & Probation)**

Name: \_\_\_\_\_ Registration No: \_\_\_\_\_

Program \_\_\_\_\_ Semester: \_\_\_\_\_ Department: \_\_\_\_\_

I declare that I will be responsible for 80% attendance for the issuance of Admit Card for Terminal Examinations.

Student Signature:  
Mobile No:  
Date:

Sr. No.	Course Code	Course Title	Register with (Section/Class)
1			
2			
3			
4			
5			
6			

Signature of Batch Advisor  
Date:

Signature of DOO  
Date:

Approved / Not approved

Signature Head of Department (Compulsory)

For Office Use Only

Academics Department  
(Program Coordinator)