



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

**COURSE REGISTRATION APPLICATION FORM (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
1		
2		
3		
4		
5		
6		

Signature of Batch Advisor

Date:

Signature of DOO

Date:

Approved / Not approved  
(Course registration due to Probation Status)

Signature Head of Department

Date:

For Office Use Only

Academics Department  
(Program Coordinator)