



# THE INSTITUTE OF MANAGEMENT SCIENCES

## COURSE REGISTRATION FORM

SEMESTER \_\_\_\_\_ 20

Name \_\_\_\_\_ Program: \_\_\_\_\_ I.D. No. \_\_\_\_\_ Date \_\_\_\_\_

### ANSWER THE FOLLOWING:

1. Are you on probation? Yes ☐ No ☐
2. Do you have any outstanding F in any course? Yes ☐ No ☐
3. If answer to Q.2 is Yes, name the Course/Courses:  
Code: \_\_\_\_\_
4. Are your Foundation Courses cleared? Yes ☐ No ☐
5. If the answer to 4 is No, name the Course/Courses not cleared:  
Code: \_\_\_\_\_
6. Are your core Courses cleared? Yes ☐ No ☐
7. If the answer to 6 is No name the Course/Courses not cleared:  
Code: \_\_\_\_\_
8. Are the prerequisites, for the courses you want to register, met? Yes ☐ No ☐

I have read and understood the conditions for registration and do, hereby, accept the same.

### COURSES GIVEN:

Signature of Student \_\_\_\_\_

	<u>CODE</u>	<u>TITLE</u>	<u>Cr. Hrs.</u>	<u>Remarks</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Total Cr. Hrs: \_\_\_\_\_

Coordinator \_\_\_\_\_

### For Office Use Only

Remarks: \_\_\_\_\_

Receipt No. \_\_\_\_\_ Date \_\_\_\_\_

Accountant \_\_\_\_\_

Warning:

**ONUS OF PROVIDING CORRECT INFORMATION IS ON THE STUDENT.**

REGISTRATION BECOMES VALID ONLY IF THE DUES ARE PAID IN TIME

(Please read instructions on the reverse)