

# Course Registration Form

Academic Year 2026 Spring Semester · Submit to the Registrar's Office before the add/drop deadline

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## Student Details

Full name: \_\_\_\_\_  
Student ID: \_\_\_\_\_ Department: \_\_\_\_\_  
Year of study: \_\_\_\_\_ Contact email: \_\_\_\_\_

## Courses Requested

|                    |                     |                |
|--------------------|---------------------|----------------|
| Course code: _____ | Course title: _____ | Credits: _____ |
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## Declaration

I confirm the above selections meet my programme's prerequisite requirements and do not exceed the maximum permitted credit load for the semester.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Academic advisor approval: \_\_\_\_\_ Date: \_\_\_\_\_