

Course Registration Form (Under graduate Programmes) GC UNIVERSITY, FAISALABAD First Copy for the Directorate of Advanced Studies

| | Enrollment to_ | | S | Semester, 20 commencing | | | | | | | | | / | 20 | | | | | |
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| Degree Morning/S | | | | | | | | | If/ Evening:Session | | | | | | | | | | |
| Student's Name | | | | | | | | | Father's Name | | | | | | | | | | |
| | CNIC #: | | | | 4 | | | Re | gistra | tion No | | | | | | | | | |
| | Roll #: | | | | | | | Da | ite of | first Ac | lmissio | n | | | | | | | |
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| | Previous GPA: | | | | | | | | Partiti | | | | | | | | | | |
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| A | Advisor) | | | (| (Cha | irmaı | n of tl | he De | partn | nent) | | (| Stude | ent's | Signatu | re) | | | |
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| 70 | ee Assistant | | | | | | | | | | | | | | | | | | |
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- IMPORTANT INSTRUCTIONS
 Cutting / Erasing / Overwrite /Use of Fluid not allowed in any case.
 All columns must be filled in properly



Course Registration Form (Under graduate Programmes) GC UNIVERSITY, FAISALABAD

Second Copy for the Controller of the Examinations

| Enrollment to | | | Semester, 20 commencing on/20 | | | | | | | | | | | | | | | | | | |
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| Degree | g/Self | elf/ Evening: Session | | | | | | | | | | | | | | | | | | | |
| Student's Name | | Father's Name | | | | | | | | | | | | | | | | | | | |
| CNIC #: | | | | | | | | Registration No. | | | | | | | | | | | | | |
| Roll #: | | | | | | | | te of f | irst Ad | lmissio | 1 | | | | | | | | | | |
| Faculty | | | | | | | De | partme | ent: | | | | | | | | | | | | |
| Previous GPA: | | CGPA: _ | | | | | | | | | | | | | | | | | | | |
| Credit Comple | ted Semester | Wise | I | ПП | П | IV | V | VI | VII | VIII | IX | X | XI | XII | XIII | X | IV | XV | | | |
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| (Advisor) Fee Paid | | (Chairman of the Department) | | | | | | | | | (Stud | dent's | s Signa | ture) | | | | | | | |
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| Fee Assistant _ | | | | | | | | | | | Ī | Dean | of the | e Facul | ty | | | | | | |

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Third Copy for the Chairman of the Department

| Enrollment to Semester, 20_ | | | | | | | | | | c | ommen | cing (| on | | | _20 | | | | |
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| Ι | Degree | | elf/ Evening;Session | | | | | | | | | | | | | | | | | |
| S | tudent's Name | Father's Name | | | | | | | | | | | | | | | | | | |
| C | NIC #: | Re | gistra | tion No | o | | | | | | | | | | | | | | | |
| F | toll #: | Da | te of t | irst Ac | lmissio | n | | | | | | | | | | | | | | |
| Faculty | | | | | | | | | | ent: | | | | | | | | | | |
| P | revious GPA: | | _CGPA: _ | | | | | | | | | | | | | | | | | |
| | Credit Comple | eted Semester | r Wise | I | II | III | IV | V | VI | VII | VIII | IX | X | XI | XII | XIII | XIV | XV | | |
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| | | | Course to | be | take | n dur | ing th | ne se | meste | r | | | | | For (| Use O | Only | | | |
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| en | hall be responsible rutiny before rece rolment will be au arning: Admissio | iving degree. I itomatically ca | I shall also abi ncelled. I have | ide b rece | y rule | s / regu rellow | ulation copy of | regard | ing GP | A/ CGP | A. In cas | e I rec | eive lo | w CGI | A than t | he requi | red one n | ter ny | | |
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| Fe | ee Assistant _ | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | D | ean o | f the | Faculty | 1 | | | | |

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Course Registration Form (Under graduate Programmes) GC UNIVERSITY, FAISALABAD Fourth Copy for the Student

| Enrollment to Semester, 20 commencing on/ 20 | | | | | | | | | | | | | | | | | | |
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| S | tudent's Name | | Father's Name | | | | | | | | | | | | | | | |
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| | Credit Comple | eted Semester | Wise | I | П | III | IV | V | VI | VII | VIII | IX | X | XI | XII | XIII | XIV | XV |
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