



Enrollment Form

.....Semester (Level-....., Semseter-.....), Januuary-June/July-December ;20.....,

Name of the student(Capital Letter) :

Registration No:, ID No (Class Roll):, Session :

Status of the student : Regular/Irregular. Information about previous semester: GPA :, CGPA :

Name of the Hall :

Name of the courses (Must be mentioned) :

Theoretical			Practical		
Course Code	Course Title	Cr. Hr.	Course Code	Course Title	Cr. Hr.
Total Cr.Hr. (Theoretical)=			Total Cr.Hr. (Practical)=		

Name of the courses for F/Course Repeat intended to be enrolled :

Theoretical			Practical		
Course Code	Course Title	Cr. Hr.	Course Code	Course Title	Cr. Hr.
Total Cr.Hr. (Theoretical)=			Total Cr.Hr. (Practical)=		

Signature of the student:

Date :

Mobile No :

Accounts Officer

Hall Provost

Dean
Faculty of Agriculture