

Postgraduate Course Registration and Enrollment Form

Instructions: Please complete all sections of this form clearly. This form is designed for printing and physical submission.

1. Personal Details

Full Name:	<input type="text"/>	Student ID Number:	<input type="text"/>
Date of Birth (DD/MM/YYYY):	<input type="text"/>	Gender:	<input type="text"/>
Email Address:	<input type="text"/>	Phone Number:	<input type="text"/>
Permanent Address:	<input type="text"/>		

2. Academic Program Details

Faculty / Department:	<input type="text"/>	Degree Program (e.g., PhD, MSc, MBA):	<input type="text"/>
Area of Specialization:	<input type="text"/>	Enrollment Semester & Year:	<input type="text"/>
Academic Advisor Name:	<input type="text"/>		

3. Course Registration

Specify the postgraduate courses you wish to enroll in for the current semester:

Sr. No.	Course Code	Course Title	Credits	Instructor's Signature / Approval
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Declarations and Signatures

Student Declaration: I hereby certify that the information provided on this form is correct and complete. I agree to abide by the rules and regulations of the university regarding postgraduate studies.

Student Signature:	<input type="text"/>	Date (DD/MM/YYYY):	<input type="text"/>
Academic Advisor Signature:	<input type="text"/>	Date (DD/MM/YYYY):	<input type="text"/>
Head of Department Signature:	<input type="text"/>	Date (DD/MM/YYYY):	<input type="text"/>