

# Late Registration Application Form



Date: \_\_\_\_\_

Sir / Madam,

I am a student of this university. I would like to request you for kindly allowing me to register the following course(s) for Spring / Summer / Fall 202..... Trimester / Semester.

Sl.	Course Code	Course Title	Section	No. of classes attended	Faculty Name & Signature with Date
1				___ out of ___ held	
2				___ out of ___ held	
3				___ out of ___ held	
4				___ out of ___ held	
5				___ out of ___ held	
6				___ out of ___ held	
7				___ out of ___ held	
<b>Result of Assessment(s) (if any)</b>					

\_\_\_\_\_  
(Signature of the Student)

Student's Full Name:	
ID Number:	
Contact No:	
E-mail Address:	
Reason for Late Registration:	

<u>Head of the Department/ Program:</u>	<u>Registrar:</u>	<u>Controller of Examinations:</u>
<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	<input type="checkbox"/> Registration Completed
_____ Signature with date	_____ Signature with Date	_____ Signature with Date