State University of Bangladesh

77 Satmosjid Road, Dhanmondi, Dhaka
www.sub.edu.bd

UNIVERSITY COPY

Course Registration Form

Student ID :

Student Name :

Name of the Guardian :

Relationship with the guardian :

Mailing Address :

House…….. Road……
Area…… City…….
District…… Postcode……..

Permanent Address :

House…….. Road……
Village…..…… City…….
District…..…… Postcode……..

Contact Number :

Mobile/T&T E-mail

Semester: **Spring** ☐ **Fall** ✓ **Year** 2020

COURSES TO BE TAKEN

CODE	COURSE TITLE	CREDIT HOURS

	TOTAL CREDIT HOURS	

(Student's signature with date) *(Data Entry done by)* *(Head of the Dept. with date)*