Varendra University, Rajshahi (VU)

Course Registration Form

Semester : **Batch:**

☐ **Retake** ☐ **Improvement** ☐ **Readmission (Use Tik Sign)**

Current Semester SESSION: FALL 2020

Name of Semester: ☐ **Spring** ☐ **Summer** ■ **Fall**

Name of Student: …….

ID No: …… Admission Session: ……..

Program / Department: CSE

Course Code	Course Title & Semester Number (Which Semester Course is taught) কোর্সের নাম ও যে সেমিস্টারের কোর্স	Credit Hour	Regular	Use Tik Sign			Remarks
				Retake	Improvement	Readmission	
	Total Credit						

Signature of the Student

Mobile No:

Date:

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office.cse2@vu.edu.bd
01730-406534; 01730-406557