



SHAHEED ZULFIKAR ALI BHUTTO
INSTITUTE OF SCIENCE & TECHNOLOGY

Cross Disciplinary Course Registration Form

Date: _____

Name: _____

Registration No: _____

Program: _____

Semester: _____

Contact # _____

S No	Course Name	Semester/Section	Pre-Req	Cr Hr
1				
2				
3				
4				
5				
6				
7				

Total Credit Hours _____

Signature of Student

<p style="text-align: center;"><u>Program Manager</u></p> <p>Approved Yes / No</p> <p>Remarks: _____</p> <p>_____ Signature and Date</p>	<p style="text-align: center;"><u>Finance Office</u></p> <p>Fine per Course Rs. 1000/- _____</p> <p>No of Courses _____</p> <p>Total Fine Charged _____</p>
<p style="text-align: center;"><u>Program Manager (Cross Disciplinary)</u></p> <p>Approved Yes / No</p> <p>Remarks: _____</p> <p>_____ Signature and Date</p>	<p>Account Status</p> <p style="text-align: center;"><input type="checkbox"/> Blocked <input type="checkbox"/> Unblocked</p> <p style="text-align: right;">_____ Signature and Date</p>
<p style="text-align: center;"><u>Admission Office</u></p> <p>Account Status</p> <p style="margin-left: 40px;">Blocked <input style="width: 100px; height: 20px;" type="text"/></p> <p style="margin-left: 40px;">Unblocked <input style="width: 100px; height: 20px;" type="text"/></p> <p>_____ Signature and Date</p>	<p style="text-align: center;"><u>Academic Support Office</u></p> <p>Registration Status _____</p> <p style="text-align: right;">_____ Signature and Date</p>