CENTRAL UNIVERSITY OF RAJASTHAN

Bandarsindri, NH-8, (Jaipur-Ajmer Highway), Kishangarh, Dist.-Ajmer (Raj) 305817

COURSE REGISTRATION FORM

Programme……………….. (For all compulsory/core/optional/elective/Mooc and audit courses) Semester…..………...

REGULAR/REPEATER/RE-ADMITTED

(Strike out the inapplicable)

I, ….…..……………………………………….Enrollment No…..…………….., am a student of….…..…………………

...….……………………………………. (Name of the Programme) under….……..…………………… (Name of the Department)

with effect from ….….…………………….. (Initial joining date).

I have read and understood University Ordinance 3 (revised) on Examination & Evaluation. Accordingly, I choose the following

courses for Semester….….……………

Compulsory Courses

#	Course Code	Name of the Course (In Capital)	Credits	Remarks
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Optional courses ☐   **Elective Courses** ☐   **(please √ in the relevant box)**

#	Course Code	Name of the Course (In Capital)	Credits	Remarks
1.				
2.				

Audit courses

#	Course Code	Name of the Course (In Capital)	Credits	Remarks
1.				

MOOC courses

#	Course Code	Name of the Course (In Capital)	Credits	Remarks
1.				
2.				

(Students are instructed to give correct course code, course name course credit etc. Wrong details may affect the processing of Result/Grade Sheet/Degree for which student would be liable and held responsible.)

I further state that I shall complete the full quota of the credits stipulated for the programme in the total stipulated duration of the programme.

Place:

Date: (Signature of the Student)

...................…..……..…………..…………..……..………..……..…………..………..……………..……………..………..……..

Remarks by Head of Department….…………………………

Date:….…………...   Signature of Head of Department….….……

Note: Please check the course code, title of the course, enrollment number and other details.