

**Course Registration Form (GS-10)**

Morning/ Self/ Evening Program

GPA CGPA

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**GC UNIVERSITY, FAISALABAD**

First Copy for the Directorate of Advanced Studies

Enrollment to \_\_\_\_\_ Semester, 20\_\_\_\_ commencing on \_\_\_\_/\_\_\_\_/20\_\_\_\_ Degree \_\_\_\_\_

Student's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

CNIC #: \_\_\_\_\_ Registration No. \_\_\_\_\_

Date of first Admission \_\_\_\_\_

**STATUS** (Please tick the appropriate box)

- |   |  |
|---|--|
| (a) Regular student <input type="checkbox"/>                                | (c) Govt. Employee (on leave) <input type="checkbox"/>                           |
| (b) University Employee (Academic/ Administration) <input type="checkbox"/> | (d) Employee of other statutory organization (on leave) <input type="checkbox"/> |
| i. Full time (on leave) <input type="checkbox"/>                            | (e) HEC Scholar <input type="checkbox"/>   |
| ii. Part time <input type="checkbox"/>                                      | (f) Others _____ <input type="checkbox"/>  |

Faculty \_\_\_\_\_ Department: \_\_\_\_\_

Credit Completed Semester Wise	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	XIV	XV
	Course Number	Credit Hours	Title of the Course					Major/Minor/ Elective/ Deficiency/ Audit	Course Included in A.C.W.* Yes/No	Signature of Teacher With name	Repetition, if any I, II, III				

**Total Credit Hours:** \_\_\_\_\_ **GRE:** NTS ----Yes / No GCUF ----- Yes / No  
**Course work submitted:** Yes / No **Synopsis Submitted:** Yes / No

I shall be responsible for any piece of information misreported on this Course Registration Form (CRF). I understand that it is subject to cancellation after scrutiny before receiving degree. I shall also abide by rules / regulation regarding GPA/ CGPA. In case I receive low CGPA than the required one my enrolment will be automatically cancelled. I have received yellow copy of CRF. The information given above is correct to the best of my knowledge.

**Warning:** Admission will be cancelled if the GPA /CGPA fell below the following i.e in M.Sc. /M.A. 2.00 BMS Course 2.00 MS/M.Phil/2.75and PhD 3.00 at the end of each academic year.

\_\_\_\_\_  
 (Supervisor) (Chairman of the Department) (Student's Signature)

Fee Paid \_\_\_\_\_

Fee Assistant \_\_\_\_\_

\_\_\_\_\_  
 Dean of the Faculty

\_\_\_\_\_  
 Director,  
 Advanced Studies

- IMPORTANT INSTRUCTIONS**
- Cutting / Erasing / Overwrite /Use of Fluid not allowed in any case.
  - All columns must be filled in properly
- \* Approved Course Work  
Price Rs 50



Course Registration Form (GS-10)

Morning/ Self/ Evening Program

GPA  CGPA

**GC UNIVERSITY, FAISALABAD**  
Second Copy for the Controller of the Examinations

Enrollment to \_\_\_\_\_ Semester, 20\_\_\_\_ commencing on \_\_\_\_/\_\_\_\_/20\_\_\_\_ Degree \_\_\_\_\_

Student's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

CNIC #: \_\_\_\_\_ Registration No. \_\_\_\_\_

Date of first Admission \_\_\_\_\_

**STATUS** (Please tick the appropriate box)

- (a) Regular student
- (b) University Employee (Academic/ Administration)
- i. Full time (on leave)
- ii. Part time
- (c) Govt. Employee (on leave)
- (d) Employee of other statutory organization (on leave)
- (e) HEC Scholar
- (f) Others \_\_\_\_\_

Faculty \_\_\_\_\_ Department: \_\_\_\_\_

Credit Completed Semester Wise	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	XIV	XV
Course Number	Credit Hours	Title of the Course						Major/Minor/ Elective/ Deficiency/ Audit	Course Included in A.C.W.* Yes/No	Signature of Teacher With name			Repetition, if any I, II, III		
		<i>(Morning)</i>													

**Total Credit Hours:** \_\_\_\_\_

**Course work submitted:** Yes / No

**GRE:** NTS ---- Yes / No GCUF ----- Yes / No

**Synopsis Submitted:** Yes / No

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\_\_\_\_\_  
(Supervisor)

\_\_\_\_\_  
(Chairman of the Department)

\_\_\_\_\_  
(Student's Signature)

Fee Paid \_\_\_\_\_

Fee Assistant \_\_\_\_\_

\_\_\_\_\_  
Dean of the Faculty

\_\_\_\_\_  
Director,  
Advanced Studies

**IMPORTANT INSTRUCTIONS**

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- 2) All columns must be filled in properly

\* Approved Course Work  
Price Rs 50



Course Registration Form (95-10)

Morning/ Self/ Evening Program

GPA  CGPA

**GC UNIVERSITY, FAISALABAD**  
Third Copy for the Chairman of the Department

Enrollment to \_\_\_\_\_ Semester, 20\_\_\_\_ commencing on \_\_\_\_/\_\_\_\_/20\_\_\_\_ Degree \_\_\_\_\_

Student's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

CNIC #: \_\_\_\_\_ Registration No. \_\_\_\_\_

Date of first Admission \_\_\_\_\_

**STATUS** (Please tick the appropriate box)

- (a) Regular student
- (b) University Employee (Academic/ Administration)
- i. Full time (on leave)
- ii. Part time
- (c) Govt. Employee (on leave)
- (d) Employee of other statutory organization (on leave)
- (e) HEC Scholar
- (f) Others \_\_\_\_\_

Faculty \_\_\_\_\_ Department: \_\_\_\_\_

Credit Completed Semester Wise	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	XIV	XV
	Course Number	Credit Hours	Title of the Course					Major/Minor/ Elective/ Deficiency/ Audit	Course Included in A.C.W.* Yes/No	Signature of Teacher With name	Repetition, if any I, II, III				

**Total Credit Hours:** \_\_\_\_\_

**GRE:** NTS ----Yes / No GCUF ----- Yes / No

**Course work submitted:** Yes / No

**Synopsis Submitted:** Yes / No

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\_\_\_\_\_  
(Supervisor) (Chairman of the Department) (Student's Signature)

Fee Paid \_\_\_\_\_

Fee Assistant \_\_\_\_\_

\_\_\_\_\_  
Dean of the Faculty

\_\_\_\_\_  
Director,  
Advanced Studies

**IMPORTANT INSTRUCTIONS**

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\* Approved Course Work  
Price Rs 50



Course Registration Form (GS-10)

Morning/ Self/ Evening Program

GPA CGPA

GC UNIVERSITY, FAISALABAD

Fourth Copy for the Student

Enrollment to \_\_\_\_\_ Semester, 20\_\_\_\_ commencing on \_\_\_\_/\_\_\_\_/20\_\_\_\_ Degree \_\_\_\_\_

Student's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

CNIC #: \_\_\_\_\_ Registration No. \_\_\_\_\_

Date of first Admission \_\_\_\_\_

STATUS (Please tick the appropriate box)

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- i. Full time (on leave)
- ii. Part time
- (c) Govt. Employee (on leave)
- (d) Employee of other statutory organization (on leave)
- (e) HEC Scholar
- (f) Others \_\_\_\_\_

Faculty \_\_\_\_\_ Department: \_\_\_\_\_

Credit Completed Semester Wise	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	XIII	XIV	XV
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\_\_\_\_\_  
 (Supervisor) (Chairman of the Department) (Student's Signature)

Fee Paid \_\_\_\_\_

Fee Assistant \_\_\_\_\_ Dean of the Faculty

Director, Advanced Studies

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Price Rs 50