

Premier University
Department Name :

1/A O.R. Nizam Road, Panchlaish, Chittagong

Semester Enrollment Form

Name of Student :			
Student No.:			
Session :			
Semester		Program:	
Contact No.		Date:	

Course code	Name of the course(s)	Credit hour	Attempt	Date of last attempt	Remarks

Signature of the student

Signature of the coordinator (semester/course)

Should be filled up by office

Total # of Courses(s)/ credits:	New	2 nd attempt	3 rd or more attempts	Total fees
Tuition fees				

Note: From 3rd attempt of a course, 50% of the course/credit fee should be paid.

Signature of the Accounts