**NEAR EAST UNIVERSITY**

**Faculty of Pharmacy**

**COURSE REGISTRATION FORM**

**2020-2021 SUMMER TERM**

**STUDENT’S PERSONAL INFORMATION**

|  |  |
| --- | --- |
| Name/ Last Name:  |  |
| Student Number: |  |
| Status:(New registration, 2nd semester, 3rd semester etc.) |  |
| E-mail: |  |
| Date: |  |

**COURSES**

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **COURSE CODE** | **COURSE NAME** | **CREDIT** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | **Total credits:** |  |

* Students can take a maximum of **3 courses**.
* Students **cannot** take courses from upper classes.
* **Students should get advisor’s approval before registering the courses on UZEM and Genius student portal.**

|  |  |
| --- | --- |
| **Student advisor’s name** | **Student’s name** |
| .................................................................... | ...................................................................... |
| Signature:............................................................ | Signature:............................................................ |