

COURSE REGISTRATION FORM

NAME : Kumareswren A/L Ragh PROGRAMME : UOG BIC
 IC/PASSPORT : 960605-08-6117 SEGi STUDENT ID : SCKL2000599
 CONTACT NO : 010 – 263 0085 INTAKE : SEPT 2021
 EMAIL : kumareswren@gmail.com YEAR/SEMESTER : 3 / 2
 EXAM MONTH : _____

NO	COURSE CODE	COURSE NAME	DAY & TIME	LECTURER NAME
1	COMP1649	Human Computer Interaction & Design		
2	COMP1664	Network Technology		
3	COMP1108	Project (1)		
4	3LAL0908	Research Methodology		
5				
6				

Note: Please fill in all the required information and ensure that it is true and correct.

SIGNATURE : kumareswren DATE : 3 / 8 / 2023

FOR OFFICE USE ONLY

PROGRAMME LEADER

APPROVED & CHECKED BY : _____ DATE : _____

UPDATE CMS : YES ☐ NO ☐

CREDIT CONTROL DEPARTMENT

FEE STATUS : _____ OFFICER's SIGNATURE : _____
 VERIFIED BY : _____ DATE : _____

UPDATE CMS : YES ☐ NO ☐