



ISHAKHA INTERNATIONAL UNIVERSITY

B A N G L A D E S H

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Course Enrollment Form

Name (in block letter): _____

ID Number: _____ Date of Birth: _____

Name of the Program: _____ Major: _____

Mailing Address: _____

Phone No: _____ Mobile No: _____ Blood Group: _____

Date of Enrollment: _____ Semester: _____ Year: _____

Name of the Course Enrolled for:

Course Code	Course Title	Credit	Fees	Course Type
Total				

Comment of the Department (if any):

Signature of the Departmental Head

Signature, Concerned Student

Signature, In charge Admissions

- * Students may change their enrollment before the drop / add date.
- * Administration reserves the right to any change in the enrollment.
- * Some programs may foundation course, please be sure of it.