The University of Faisalabad

Enrollment Form

Enrollment to _____ Semester : _____ Commencing On : _____Termination: _____

Session: _____ Fall/Spring/Summer (Tick One) Year: _____

Student's Name: _____ Father's Name:_____

Registration No: _____ CNIC No: _____

Permanent Address: _____

Email Address:_____Mobile No:_____

Telephone No (Residence): _____Emergency Contact No: _____

Father's Mobile No:_____Mother's Mobile No:_____

	I	II	III	IV	Summer	V	VI	Summer	VII	VIII	Summer	IX	X	Summer	XI	XII
CGPA																

Course Code	Title of the Course	Credit Hours

_____ _____

Student's Signature Date

Note:

- Enrollment will be confirmed when prerequisite requirements are fulfilled and dues are paid.
- **I also undertake that I will not defame my institution, its faculty members and administration in any form.**

Warning: Any misrepresentation will result in the cancellation of his/her admission from university

IMPORTANT INSTRUCTIONS:

- Cutting/Erasing/Overwriting/Use of fluid not allowed in any case.
- All column must be filled in properly

_____ _____

Head of Department/Director Academics Accounts Officer

_____ _____

Assistant Registrar (SA) Deputy Registrar (Adm & SA)