



Jinnah School of Public Policy and Leadership (JSPPL), NUST

Course Registration Form **Optimal Health and Wellness**

Parent School: _____

CMS ID: _____ Name: _____

Class/Section: _____ Semester: _____

Cell No: _____ Email ID: _____

Preferred Day and Time of the course (Tick only one)		
1	Tue, 1000-1300 Hrs	
2	Thu 1730-2030 Hrs	

Date: _____

Student's Signature

(For official use only)

1. Verification by Exam Branch of Parent School:

Student Status in current semester:

(a) Semester: _____ (b) CGPA: _____

(c) Registered with _____ course(s) and _____ CHrs.

Date:- _____

Signature & Stamp

2. HoD of Parent School:

Recommended / Not Recommended

Date:- _____

Signature & Stamp

3. Program Coordinator JSPPL:

Registration Status (YES/ NO)
(Based on first come and first served basis)

Date:- _____

Signature & Stamp