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**Course Registration – Permission Request**

Date:………………………….

Name:………………………………………… Number…………………

Semester:……………………………………... Year:……………………

Department : ۝ Biomedical Engineering`

۝ Pharmaceutical & Chemical Engineering

I request permission to register the following course (s):

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| --- | --- | --- | --- | --- |
| Course Code | Course Name | Section no. | Days | Time |
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Department Head Approval : …………………….. Date:……………………