

Graduate Cross School Course Registration

Semester ___ AY _____

Please ✓ accordingly

SPMS student registration for other school courses

Note: Please attach your latest graduate and undergraduate academic transcripts together with this form.

Other school student registration for SPMS courses

Note: Please attach the supervisor's recommendation letter and a detailed course(s) description for the courses selected together with your graduate and undergraduate's result transcript.

To Be Completed By Student

Name : _____

Matriculation No : _____ School & Division : _____

NTU Email : _____ Contact No : _____

Course(s) to register:

(Please indicate course code & title)

Signature of Student

Date

To Be Completed By Respective School	To Be Approved By SPMS
Approved / Not approved* _____ Name of HOD _____ Signature Date:	Approved / Not approved * _____ Name of Supervisor _____ Signature Date:
Approved / Not approved* _____ Name of Assoc. Chair _____ Signature Date:	Approved / Not approved* _____ Name of HOD _____ Signature Date:
Remarks (if any): 	Approved / Not approved* _____ Name of Assoc. Chair _____ Signature Date:

**Please delete accordingly*