

## 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*<br><br>_____<br>Name of HOD<br><br>_____<br>Signature<br><br>Date:          | Approved / Not approved *<br><br>_____<br>Name of Supervisor<br><br>_____<br>Signature<br><br>Date:  |
| Approved / Not approved*<br><br>_____<br>Name of Assoc. Chair<br><br>_____<br>Signature<br><br>Date: | Approved / Not approved*<br><br>_____<br>Name of HOD<br><br>_____<br>Signature<br><br>Date:          |
| Remarks (if any):<br><br><br><br><br>  | Approved / Not approved*<br><br>_____<br>Name of Assoc. Chair<br><br>_____<br>Signature<br><br>Date: |

*\*Please delete accordingly*