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| **….…..…….. TO THE HEAD OF THE DEPARTMENT**  I am a student of your department, number ...…………… ……………………………….. …………………………………………………………………………………………………………… I could not register for the courses I have specified below due to the following reason. I respectfully request that my course registration be done manually.   |  |  |  | | --- | --- | --- | | Date | : | .… /…. / 202… | | Full Name | : |  | | Phone | : |  | | Signature | : |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | S.N\* | COURSE CODE | COURSE SECTION | COURSE NAME | CONFLICT  (IS/NOT) | LECTURER  (CONFIRMATION) | | 1 |  |  |  |  |  | | 2 |  |  |  |  |  | | 3 |  |  |  |  |  | | 4 |  |  |  |  |  | | 5 |  |  |  |  |  | | 6 |  |  |  |  |  | | 7 |  |  |  |  |  | | (Note: It will be filled by student.) | | | | | | |
| The courses that the student declared that he/she wanted to take above have been checked, and it has been determined that there is no conflict in the courses specified below, that the course is suitable in terms of quota, credits and content, and that manual registration for these courses has been deemed appropriate.   |  |  | | --- | --- | | COURSES APPROVED BY THE ADVISOR | | | COURSE CODE | COURSE SECTION | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | (Note: It will be filled by advisor.) | |  |  |  | | --- | --- | | ADVISOR  …/.…/…... | THE HEAD OF DEPARTMENT  …/.…/…... | |