كلية فاطمة للعلوم الصحية
FATIMA COLLEGE OF HEALTH SCIENCES

بوليتكنك أبوظبي
POLYTECHNIC

Advising & Registration

To be completed by the Student:

Student Name		**ID**	
Program		**Campus**	
Academic year		**Semester**	
Contact No.		**Signature**	

Before you actually register, take a few moments to complete the course worksheet below.
Check the schedule of classes for the appropriate course number (CRN) for each lecture, tutorial, Pre requisites, Co requisites, laboratory or practical session keep in mind there may be specific lectures that are linked to (must be registered with) a specific laboratory.

Courses			
CRN	Course Code	Course Title	Credit Hours
Total Credit Hours			

**Minimum CR H allowed* 12 ** Maximum CR H allowed* 18

Advisor Name & Signature: _____ Date; _____

Head of department Signature: _____ Date: _____

Student Services Sr. Manager Signature: _____ Date: _____

Official Use	
Remarks:	
Registration office:	Date:

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