School of Physical and Mathematical Sciences  
Nanyang Technological University  

Undergraduate Registration of Post-graduate Courses  Semester 2 AY 2014/2015

Note
1) A copy of your Degree Audit and courses registered from STARS must be attached to this registration form.
2) The approval of this registration does not guarantee the eventual admission to any Universities for postgraduate studies or the eventual award of scholarship for the postgraduate studies.
3) Students may choose to drop the PG course should there be any clashes in exam timetable between PG and UG courses they are taking. The PF course examination date is expected to be released in week 7. Quarantine examinations will be arranged should students choose to continue with the course in such exam timetable clash cases.
4) Only final year UG students are allowed to register for PG course(s).
   a. UG students can only take his/her own Division PG courses (depending on the PG courses offers for the UG students)
5) This form has to reach the Division General Office latest by 19 December 2014.

I. To Be Completed By Students & Signed By Course Coordinators

| Name : ___________________________ | CGPA : ___________________________ |
| Matriculation : ___________________________ | Contact : ___________________________ |
| Study Year* : 1st / 2nd / 3rd / 4th | Division : ___________________________ |
| Course Type* : CBC:UE | MAS:UE |
| PAP: Major PE or UE |

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<tr>
<th>Course(s)</th>
<th>Recommended/Not Recommended</th>
<th>Signature by Course Coordinators</th>
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Reason for taking PG course:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Signature of Student ___________________________ Date ___________________________

II. To Be Completed By Head of Division

Supported / Not supported*

Name of Head of Division ___________________________ Signature ___________________________ Date ___________________________

III. To Be Completed By Associate Chair

Supported / Not supported*

Name of Associate Chair ___________________________ Signature ___________________________ Date ___________________________

*Please delete accordingly