

Course Registration Card for International Program for Bachelor of Oral & Dental Medicine & Surgery

Student Name: _____

Academic Level: _____

Academic Semester: _____

Academic Year: _____

Academic Advisor: _____

Address in Egypt: _____

Address in Mother Country (for International Students):

(Mentioning the correct addresses is the responsibility of the student, and the student is obligated to report the new address if the residence address is changed)

Courses required for student registration/

	Course Name	Credit Hours
Total No. of Credit Hours		

Date/

Student Signature

Academic Advisor Signature