

Student's Name: _____

Father's Name: _____

Address: _____

Phone No. _____ Cell No. _____ Email Address: _____

Semester: _____ Section: _____ Date _____

Registration No. _____ Program: **Masters in Design Marketing & Merchandising(90 Cr.Hr.)**

CONFIRMATION SLIP

Please Tick the courses you have Passed & you want to register for this semester.

<u>1</u>	<u>Code</u>	<u>Course Title</u>	<u>Teac h Hr.</u>	<u>Cr.</u>	<u>Pass ed</u>	<u>Regi ster</u>
1	FIF-111	Introduction to Fashion	3	3		
2	TIT-111	Introduction to Textiles	3	3		
3	FBD-141	Basic Drawing	5	3		
4	FHA-131	History of Art	3	3		
5	HMT-112	English-I	3	3		
6	FVD-272	Virtual Design - I	3	3		

<u>2</u>	<u>Code</u>	<u>Course Title</u>	<u>Teach Hr.</u>	<u>Cr.</u>	<u>Pass ed</u>	<u>Regi ster</u>
1	FPE-141	Principles & Elements of Design	3	3		
2	FID-141	History of Costume	3	3		
3	FHC-131	History of Textiles	3	3		
4	THT-231	Elements of Business	3	3		
5	TEB-454	Marketing & Merchandising	3	3		
6	FMM-361	Intermediate Drawing	5	3		

<u>3</u>	<u>Code</u>	<u>Course Title</u>	<u>Teach ing</u>	<u>Cr.</u>	<u>Pass ed</u>	<u>Regi ster</u>
1	FVD-372	Virtual Design - II	5	3		
2	HMT-217	English-II	3	3		
3	MNM-105	Mathematics-I	3	3		
4	TES-453	Entrepreneurship	3	3		
5	FCB-231	Consumer Behavior	3	3		
6	FPH-471	Photography	3	3		

<u>4</u>	<u>Code</u>	<u>Course Title</u>	<u>Teach ing</u>	<u>Cr.</u>	<u>Pass ed</u>	<u>Regi ster</u>
1	MKT-566	Strategic Marketing & Consumer Psychology	3	3		
2	MKT-574	Design Merchandising	3	3		
3	SCM-533	Fashion Buying	3	3		
4	MGT-532	Business Planning	3	3		
5	BUS-596	Analysis Fashion & Textile Industry	3	3		
6	BUS-631	Research Project-I / Thesis-I	3	3		

<u>5</u>	<u>Code</u>	<u>Course Title</u>	<u>Teach ing</u>	<u>Cr.</u>	<u>Pass ed</u>	<u>Regi ster</u>
1	MKT-572	Product Design & Development	3	3		
2	SCM-539	Retail Distribution & Management	3	3		
3	MKT-519	Design Brand Management	3	3		
4	BUS-589	International Market Entry	3	3		
5	MKT-579	Visual Merchandising	3	3		
6	BUS-632	Research Project-II / Thesis-II	3	3		

Total No. Courses Passed: Total No. Courses Taken

Student's Signature Program Coordinator HOD-MDMM

FOR OFFICE USE

Total Courses:	<input type="text"/>	Reg.Fee	<input type="text"/>
Total Credit:	<input type="text"/>	Tuition Fee:	<input type="text"/>
Per Credit Rate	<input type="text"/>	Other Fee	<input type="text"/>
Scheme No.	<input type="text"/>	Less: Discount \ Refund	<input type="text"/>
		Total Fee	<input type="text"/>

EDP Department Accounts Department

Student's Acknowledgement Slip

I am fully aware that if my absences exceed 7 in a course than it will be graded as "F" (Fail).

Student's Name: _____ Reg.No: _____ Signature: _____