

Form

Course Drop

(Ph.D./M.S.(Engg.)/M.S.(Research)/Int. Ph.D./PGDMS)

Full name: _____ S.R. No _____

Unit: _____

Degree registered
for: _____

SEMESTER: August-December
January-April

Year: 20__ - 20__

Course Name	Course No.	No. of Credits	Course Instructor(s)	Signature of the Thesis Supervisor/Int. Ph.D. Coordinator/ Course Coordinator	Signature of the Course Instructor

Specific reasons for dropping of course(s):

Request to kindly process the form.

Signature of the Student

Date:

Place:

Submitted for the approval of Dean Academic Affairs

Note: Dropping of the course is permissible within 45 days of the commencement of the course