APPLICATION FOR REPEAT/ SUBSTITUTE MODULE(S)

ACADEMIC YEAR:20__ __, QUARTER(Q): ____

Name: _____   Roll no: _____   Programme: _____

Department: _____   Email-Id: _____

Total Modules Completed (as on date): In Number

MODULES TO REPEAT/SUBSTITUTE

Sl No	Old Module details				Apply for+	New Module Details (if substituted)	
	Module no.	Module Title	Nature*	Grade		Module no.	Module Title
			COR/ELE		REP/SUB		
			COR/ELE		REP/SUB		
			COR/ELE		REP/SUB		

*Please mention COR for Core/Compulsory & ELE for Elective as appropriate.

+Please mention REP for Repeat/ SUB for Substitute as appropriate.

Date: …………………………….   Signature of the candidate

Recommendation of DOPC Convener
Signature of DOPC Convener

FOR OFFICE USE ONLY

Permission for modules to repeat/substitute as detailed above is APPROVED/ NOT APPROVED

Remarks:	Remarks:
Signature of Dealing Assistant	Signature of Chairman, SOPC