FORMAT OF COURSE DROPPING OF PG PROGRAMME

Name of the student:

Roll No.: Dept./IDP.: Academic Year/Semester:

|  |  |
| --- | --- |
| **Number of credits registered in the**  **current semester/summer term** |  |
| **Mention the course no. which is to be**  **dropped** |  |
| **Specific reasons for dropping of a course** | (Signature) |
| **Consent of the instructor of the**  **course** | (Signature) |
| **Specific recommendation by**  **Convener, DPGC of the Dept./IDP.** | (Signature) |

Approved / Not Approved

(Chairman, SPGC)

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