



Indian Institute of Technology, Kanpur
Academic Section : Undergraduate Office

APPLICATION FOR CHANGE OF REGISTRATION

Academic Session:	Semester:
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Name: _____ **Roll No:** _____

Programme: _____ **Department:** _____ **Year:** _____

Hall & Room No: _____ **Cellphone No (if relevant):** _____

Whether on AP / DPC: YES / NO (Scratch out the one which is not applicable)

COURSES TO ADD:

Sl No	Course No	Credits	Title of the Course	Nature*	Taken as†	Signature of Instructor
1						
2						
3						

COURSES TO DROP:

Sl No	Course No	Credits	Title of the Course	Nature*	Taken as†	Signature of Instructor
1						
2						
3						

* Write CORE / HSS / DEL / OEL or PRoFessional as appropriate (3 capital letters only). If an HSS course is taken in OEL slot and not HSS slot, write OEL and not HSS.

† Write FReSh / REPeat / SUBStitute as appropriate (3 capital letters only)

I understand that if it transpires at a later stage that the above change in registration contravenes the academic load or pre-requisite conditions as appropriate, or if there is a time-table clash, my registration will be changed automatically by dropping the respective course(s).

Date: _____ Signature of Student: _____

Recommendations of DUGC Convenor (for professional year students only):		
		_____ Signature of DUGC Convenor
FOR OFFICE USE ONLY		
Verification: The student satisfies 1. the academic load requirement 2. the pre-requisite requirement for courses added	YES / NO YES / NO	Permission for ADDING / DROPPING courses as detailed above is GRANTED / NOT GRANTED
Remarks: _____		Remarks: _____
<i>Signature of Dealing Assistant</i>		<i>Signature of Chairman, SUGC</i>