

**FORMAT OF COURSE DROPPING OF PG PROGRAMME**

Name of the student: \_\_\_\_\_

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

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

**Approved / Not Approved**

**(Chairman, SPGC)**