

COURSE ADD & DROP FORM

STD Name: _____
(In Capital Letters)

STD ID: _____

Cell No: _____

REGISTERED COURSES			
S. #	CLASS ID	COURSE NAME	FACULTY NAME
1			
2			
3			
4			
5			
6			

DROP COURSES			
S. #	CLASS ID	COURSE NAME	PENALTY APPLICABLE (To be filled By Registration Officer)
1			Fin. / Acad. / None
2			Fin. / Acad. / None
3			Fin. / Acad. / None
4			Fin. / Acad. / None
5			Fin. / Acad. / None
6			Fin. / Acad. / None

Reason For Dropping Courses: (Please **TICK** on appropriate reason)

- | | |
|---|--------------------------|
| 1. Failed in the pre-requisite course. | 2. Reducing course load. |
| 3. The course is not interesting or relevant. | 4. Due to low GPA. |
| 5. Want to switch to another elective/substitute. | 6. Schedule problem |
| 7. Other _____ | |

ADD COURSES		
S. #	CLASS ID	COURSE NAME
1		
2		
3		
4		
5		
6		

Student Signature

Date: _____

Registration Officer
(R & E Department)

Date: _____

Program Manager
(College Concerned)

Date: _____