Application Form for Elective Alternate Course - UG Students

Name: _____   Regn No / CMS ID:_____

Entry Year/Fall/Spring_____   Dept:_____

CGPA: _____

Alternate course is for:	Elective ☐			
Request for Alternate Course:-				
S/No	Course Studied Previously with code	Name of Semester	Alternate Course with code	Remarks
a.				
b.				

I am fully aware that taking of alternate course option is only allowed for elective courses.

Date: _____2021   Student's Signature:

Dept UG Coord: _____

DCE: _____

Recommended/Not Recommended

_____
Head of Department

Approved / Not Approved

_____
Principal's Signature with Date

For official use only

Posted on CMS on _____ (Date)

EC Clerk (Signature)_____   DCE (Signature)_____