Application Form for Repeating Course – UG Students

Name: _____   Regn No / CMS ID: _____

Entry Year/Fall/Spring: _____   Dept: _____

CGPA: _____

No of repetitions already availed: _____				
Request for Repeat Course(s):				
S/No	Name of Course with code	Name of Semester	Core/ Elective	Repeat Course Name with code	Intended for clearance of F Grade /W Grade /Improvement
a.				
b.				
c.				

Declaration by Applicant.   As follows:-

I hereby declare that in current semester my courses are not exceeding 21 credit hours, including the improvement courses. If my statement is found incorrect at any stage, the institution may take any punitive action against me. It is certified that I shall maintain minimum 75% attendance in the course in which I will be enrolled, irrespective of the course Credit Hrs. **I hereby, give an undertaking that I will not request for any adjustment / change in time table and exam schedule of any course. I am willing to appear in sessional / final exam even if multiple papers are scheduled / conducted on same date.**

Date: _____   Student's Signature: _____

Dept UG Coord: _____

DCE: _____

Approved / Not Approved

_____

Respective HoD Signature with Date