



Application Form for Elective Alternate Course - UG Students

Student Name: _____ Regn No _____

Entry Year: _____ Semester _____

Contact No: (Mobile) _____ Email _____

S/No	Course Studied Previouslywith code	Alternate Course with code	Remarks
a.			
b.			

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

Date: _____

Student's Signature: _____

It is certified that above mentioned course(s) is elective and part of approved curriculum.

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) _____