



Application Form for Elective Alternate Course - UG Students

Name: _____ Regn No / CMS ID: _____

Entry Year/Fall/Spring _____ Dept: _____

CGPA: _____

Alternate course is for: Elective <input type="checkbox"/>				
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: _____

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) _____