



Application Form for Repeating Course

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.					

Date: _____ 2021 Student's Signature: _____

Dept PG Coord: _____

DCE: _____

Approved / Not Approved

Respective HoD Signature with Date

For official use only

Posted on CMS on _____ (Date)

EC Clerk (Signature) _____ DCE (Signature) _____