**Application for Approval of Course Work Based MS - SMME**

*(This form must be initiated minimum two weeks prior to commencement of a new semester)*

**Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| a. | CMS ID No |  |
| b. | Name |  |
| c. | MS Entry |  |
| d. | Courses Studied (Uptill Now) |  |
| e. | CGPA |  |
| f. | Student Application attached |  |
| g. | Transcript attached |  |

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Student Signature)**

**--------------------------------------------------------------------------------------------------------------------**

|  |  |  |
| --- | --- | --- |
| a. | Total No of students enrolled |  |
| b. | 20% quota of enrolled students  |  |
| c. | Total approved cases uptill now |  |
| **(Dept PG Coord) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

**Recommended / Not Recommended**

|  |
| --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_****(HoD)** |

It is confirmed that data given in above both tables are correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Deputy Controller Exam)**

To be presented in upcoming FBS (Yes / No)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Principal’s Signature with Date**