



SMME Course Registration in Other Departments of SMME

Student Name: _____ Regn No _____
Discipline: _____ Semester _____
Contact: (Mobile) _____ Email _____

CGPA: _____

Request for Courses registration in other departments of SMME

S/No	Course Code	Course Title	Elective
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Date: _____ 2021

Student's Signature: _____

Please tick one of the following two options:

1. It is certified that course is included in the curriculum of MS/PhD program of above student with same course code & title. OR
2. Equivalency has been sought from Acad Dte (copy of approval is attached).

PG Coord (Parent Department): _____

Recommended /Not Recommended

HoD (Parent Department)

PG Coord (Recipient Department): _____

Approved /Not Approved

HoD (Recipient Department)

For official use only

Posted on CMS on _____ (Date)

EC Clerk (Signature) _____ DCE (Signature) _____