**Indian Institute of Technology, Kanpur**

Academic Section : Undergraduate Office APPLICATION FOR DROPPING OF COURSE

|  |  |  |  |
| --- | --- | --- | --- |
| **Academic Session:** |  | **Semester:** |  |

Name: Roll No:

Department:

Programme:

Academic Status **(WR/AP/AP\*):** E-mail ID: Mob. No.

(*Scratch out the one which is not applicable*)

**COURSES REGISTERED**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl****No** | **Course****No.** | **Title of the Course** | **Credits** | **Taken as** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |
| **5.** |  |  |  |  |
| **6.** |  |  |  |  |
| **7.** |  |  |  |  |
| **Total Registered Credits:****Current CPI:** |  |  |
|  |

**COURSE(S) TO DROP**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl****No** | **Course****No.** | **Title of the Course** | **Credits** | **Taken as** | **Signature & Comments, if any, of the Instructor** |
| **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |
| **Total Credits:** |  |  |  |

**To give specific reasons for dropping the Course(s):**

Date:

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(Signature of Student)

|  |  |
| --- | --- |
| **Recommendations of DUGC Convener:***(Please use overleaf of the form for giving comments, if any)* | **Signature of DUGC Convener** |
| **Checked by Desk Assistant:**(**Signature**) | **Remarks, if any:** | **NOT PPROVED/APPROVED****(Signature of Chairman, SUGC** |

**NB:** *Students of 2016 and onward batches will be allowed to drop a maximum of 44 credits in their entire academic program*