**MY UNIVERSITY**

**COURSE ADD/DROP FORM**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reg. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GPA: \_\_\_\_\_\_\_\_\_\_\_ CGPA: \_\_\_\_\_\_\_\_\_\_\_ Semester: Fall Spring

**Course Registered in current semester**

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No** | **Course Code** | **Course Title** | **Credit hours** |
|  |  |  |  |
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|  |  |  |  |

**Courses Add/Drop**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No** | **Course Code** |  **Course Title** | **Required action** **(Add) (Drop)**  | **Reason for Dropping** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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

 Student’s Signature

 Program Coordinator Head of Department

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registrar

**For office use only**

Date Received: \_\_\_\_\_\_ Received By: \_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diary Number: \_\_\_\_\_\_\_

**ADD/DROP OF COURSES**

* Mention the courses you wish to add/drop.
* Get approval from Program Coordinator & HOD and submit the form in Registrar’s Office within two days.
* Student who wishes to add or drop a course or change a section of a course after registration must complete the relevant procedure within first two weeks.
* You may not add/drop a course after the end of the first week of the semester.
* Student will be notified about the form status through official email ID within 48 hours.