Alternate Elective Course Form

Student Name: ___________________ Father’s Name: ___________________

Registration No. CIIT/____ - _______ - ______/WAH  Program: __________________

Failed Course detail:

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credit</th>
<th>Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td>FALL / SPRING</td>
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</table>

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</tr>
</tbody>
</table>

_________________________________
Student Signature
Dated: ___/___/201___

Official Use Only

STEP 1: Concerned Department

Recommended by Comments by Program Coordinator: ________________________________

_________________________________
Signature of Program Coordinator _________________________ dated _______________________

Recommendations by Head of Department ________________________________

_________________________________
Signature of Head of Department ____________________________ dated _______________________

STEP2: Academic Section:

Assistant Registrar, Academics ____________________________ dated _______________________

STEP3: Examination Section:

Signature of Exam Official ____________________________ dated _______________________