COURSE DROP FORM

Name: ___________________________  Reg No: ___________________________

Course Drop

<table>
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<tr>
<th>Course No</th>
<th>Course Title</th>
<th>Credits</th>
<th>Concerned Teacher Name</th>
<th>Concerned Teacher Signature</th>
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Give the reason(s) below:

____________________________________________________________________________

____________________________________________________________________________

Signature of Student: ___________________________ Date: ______________

____________________________________________________________________________

OFFICIAL USE ONLY

Signature of Class Counselor: ________________ Signature of DCO: __________________

(Progress Report to be attached)

Recommended / Not Recommended By HoD: ________________________ Date: ______________

Action Taken: ____________________________________________ Date: ______________

(Assistant Registrar, Academics)