



Your Personal Details

Full Name	<input type="text"/>		
Student Number	<input type="text"/>	National ID card Number	<input type="text"/>
Contact Number	<input type="text"/>	Email ID	<input type="text"/>

Course Details

Course Name	<input type="text"/>	Batch Number	<input type="text"/>
Faculty	<input type="text"/>	Campus	<input type="text"/>

Subject Details

Subjects to be dropped

Subject Code	Subject name	Credit	Weeks Attended	Approved
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Subjects to be added

Subject Code	Subject name	Credit	Weeks Attended	Approved
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason for Add / Drop

<input type="text"/>
<input type="text"/>
<input type="text"/>

Note: Please attach attested copies of Academic Records of your previous studies to support your application.

Declaration

I declare that all the information given in this form are accurate and true. The College may verify information provided herein from appropriate sources.

Stamp

Date

Signature

OFFICE USE ONLY

Received by:	Date:	Form complete: Yes / No	Date student notified of result:
Date Faculty notified:		Record amended by:	Letter reference: