MINOR DEGREE PROGRAM COURSE DROPPING REQUEST FORM

1. Name of the Student   :

2. Roll Number & Reg Number   :   &

3. Department   :

4. Minor Degree Program   :

5   Contact Number   :

6. Reasons for request:

   I request for the course drop from the above minor degree program w.e.f. from this _____semester_____ Academic year.

Date: **Signature of Student**

Note: Once a student drops out of a minor degree program, he or she is unable to reapply for it.

7. Approval from the department:

Signature of HoD   **Signature of HoD**
                                                                                     (Minor Degree Offering Dept.,)

8. Approval from the Academic Section:

Approved/ Not Approved

Verified by   **Forwarded by**
Superintendent   **Associate Dean (AA)**   **Dean (Academics)**