|  |  |
| --- | --- |
|  | **Hkkjrh; izkS|ksfxdh laLFkku dkuiqj** |
| **INDIAN INSTITUTE OF TECHNOLOGY KANPUR** |
| **dk;kZy;] vkmVjhp xfrfof/k;kWa (bZ**&**LukrdksRrj)** |
| **OFFICE OF OUTREACH ACTIVITIES (eMasters)** |

  **APPLICATION FOR DROPPING OF MODULE(S)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Academic Session:** |  | **Quarter:** |  |

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Roll no:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Year:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cellphone No (if relevant):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MODULES TO DROP:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl No** | **Module no** | **Credits** | **Title of the module** | **Nature\*** | **Taken as+** | **Consent of the Instructor** |
|  |  |  |  | COR/ELE | FRE/REP/SUB |  |
|  |  |  |  | COR/ELE | FRE/REP/SUB |  |
|  |  |  |  | COR/ELE | FRE/REP/SUB |  |

 **\*Please tick (√) COR for Core & ELE for Elective as appropriate.**

 **+ Please tick (√) FRE for Fresh/REP for Repeat/ SUB for Substitute as appropriate.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Recommendation of DOPC Convener**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of DOPC Convener |
|  **FOR OFFICE USE ONLY** |
| **Permission for DROPPING modules as detailed above is APPROVED/ NOT APPROVED** |
| **Remarks:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Signature of Dealing Assistant** | **Remarks:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature of Chairman, SOPC** |

 bbb