APPLICATION FOR FEE WAIVER OF REPEATED/SUBSTITUTED MODULE

Academic Session:		Quarter:	

Name: _____

Roll no: _____

Program: _____

Department: _____

Cellphone No: _____

Email ID: _____

No. of Completed Modules: _____

CPI till date: _____

(Upload a copy of the last grade sheet)

Details of Repeated/Substituted modules with grades

Module Details				Previous Grade Details		Current Grade Details		
Sl No	Module No.	Module Name	Nature*	Quarter	Grade	Taken as+	Quarter	Grade
			COR/ELE			REP/SUB		
			COR/ELE			REP/SUB		
			COR/ELE			REP/SUB		
Request of Fee waiver$ made for (specify the module no.)						**Module No.**		

*Please write COR for Core/Compulsory & ELE for Elective as appropriate.

+Please write REP for Repeat/ SUB for Substitute as appropriate.

$ **Please note that the fee waiver is applied for only one repeated/substituted module. Students are requested to submit such request during preregistration of their last quarter of the programme.**

Date: _____

Signature of Student: _____

Recommendation of Program Coordinator
_____ Signature Program Coordinator
FOR OFFICE USE ONLY
Remarks:

Checked by	Approved by
_____ **Signature of Dealing Assistant**	_____ **Signature of PIC (ODL)**