|  |  |
| --- | --- |
|  | **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 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 DOPC**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of DOPC | |
| **FOR OFFICE USE ONLY** | |
| **Remarks:** | |
| **Checked by**    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of Dealing Assistant** | **Approved by**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature of PIC (OOA)** |

bbb