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|  | **Hkkjrh; izkS|ksfxdh laLFkku dkuiqj** |
| **INDIAN INSTITUTE OF TECHNOLOGY KANPUR** |
| **dk;kZy;] vkmVjhp xfrfof/k;kWa** |
| **OFFICE OF OUTREACH ACTIVITIES** |

**APPLICATION FOR REPEAT/ SUBSTITUTE MODULE(S)**

**ACADEMIC YEAR:20\_\_ \_\_, QUARTER(Q): \_\_\_\_**

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| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Roll no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Programme: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Email-Id: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Total Modules Completed (as on date): In Number |

**MODULES TO REPEAT/SUBSTITUTE**

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| --- | --- | --- | --- |
| Sl No | Old Module details | Apply for+ | New Module Details (if substituted) |
| Module no. | Module Title | Nature\* | Grade |  | Module no. | Module Title |
|  |  |  | COR/ELE |  | REP/SUB |  |  |
|  |  |  | COR/ELE |  | REP/SUB |  |  |
|  |  |  | COR/ELE |  | REP/SUB |  |  |

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

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

Date: ……………………………. Signature of the candidate

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