भारतीय प्रौद्योगिकी संस्थान कानपुर
INDIAN INSTITUTE OF TECHNOLOGY KANPUR
कार्यालय, आउटरीच गतिविधियाँ
OFFICE OF OUTREACH ACTIVITIES

APPLICATION FOR REPEAT/ SUBSTITUTE MODULE(S)

ACADEMIC YEAR:20__ __, QUARTER(Q): ____

Name: _____ Roll no: _____ Programme: _____

Department: _____ Email-Id: _____

Total Modules Completed (as on date): In Number

MODULES TO REPEAT/SUBSTITUTE

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

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