Application Form for Repeat Course
For MS / PhD Students
<u>(To be Filled by Student)</u>

Name: _____ Regn No / CMS ID: _____

Entry Year/Fall/Spring_____ Dept: _____

Name of Supervisor: _____

Ser	Name of Semester	Course Code	Course Name	GPA
1.	Fall Semester 20	a. b. c.		

CGPA: _____

Ser	Name of Semester	Course Code	Course Name	GPA	Repeat Course detail (if any)
2.	Spring Semester 20	a. b. c.			

CGPA: _____

Ser	Name of Semester	Course Code	Course Name	GPA	Repeat Course detail (if any)
3.	Fall Semester 20	a. b. c.			

CGPA: _____

4.	No of already repetitions availed: _____			
5.	Repeat course is for: Core ☐ Elective ☐			
6.	Request for Repeat Course:-			

S/No	Name of Old Course with code	Name of Semester	Repeat Course Name with code	Remarks
a.				
b.				
c.				

7.	**<u>For PhD Students Only.</u>** Recommendation of GEC is required, get signature accordingly.

Date: _____2020

Student's Signature: _____

Sig of Dept PG Coord: _____

DC Exam: _____

_____
(PhD Student's Advisor)

_____
Respective HoD Signature with Date