Indian Institute of Technology Mandi

Form for Adding/Dropping Courses

Student's Name: _____Roll No.:_____

Student's Discipline: CE/CSE/EE/ME (Circle one)

Hostel Address: _____

Mobile Phone No: _____ Email id: _____

COURSES TO ADD* (Please fill-up **Academic Registration Form -2** if you wish to register for a **Make-up exam/Repeat course/Equivalent Course. This form is only for adding regular courses**)

Sr. No.	Course Code:	Course Name	Credits	Signature of Instructor
1				
2				
3				

COURSES TO DROP:

Sr. No.	Course Code:	Course Name	Credits	Signature of Instructor
1				
2				
3				

I confirm that the total* number of credits registered for in this semester is:

I declare that I have checked and confirmed that the above changes in my registration for this semester will not cause any timetable conflict or amount to any violation of a pre-requisite requirement.

Signature of the Student

Recommended/Not Recommended

Faculty Advisor
Date:

* Please make sure that this information is correct; otherwise your ADD/DROP request may not be considered

Please submit this form in Dean's Office

For Office Use Only

Approved/Not Approved   Number of Credits Verified:

(Dean's office staff)

Dean Academics