

**OFFICE OF DEAN ACADEMIC AFFAIRS**

**APPLICATION FORM FOR CHANGE OF ELECTIVE COURSE**

Date:

Name of the student :

RRN :

Branch :

Semester & Section :

S.No.	ELECTIVE FIRST OPTED		ELECTIVE TO BE CHANGED TO	
	Course Code & Name	Name & Signature of the Faculty	Course Code & Name	Name & Signature of the Faculty

**Signature of Class Advisor**

**Signature of HoD / Dean**

**Signature of Dean Academic Affairs**