

Indian Institute of Technology Patna
Course Add/Drop Form
Autumn/ Spring Semester 20__-20__

Student's name:

Department:

Roll no.:

Student's contact no.:

I want to add the following courses		I want to drop the following courses	
Course Code	Course Title	Course Code	Course Title

I undertake that I have checked carefully that my adding/dropping of the above courses will not result in the conflict in time table of this semester.

Student's signature & date

Faculty Advisor

Approved / Not Approved

Dean,Academic