

**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 <b><u>add</u></b> the following courses		I want to <b><u>drop</u></b> 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