



COURSE REVISION FORM

To be submitted in
Student's Office

Ref: # _____ (Office Use Only) Date:- _____

Name: _____ Program: _____ Semester: _____

Section: _____ Roll No: _____ Session: _____

Contact No: _____

Failure Course(s):

S.N	Name of Subject (s) with code (s)	Credit Hours
1		
2		
3		
4		
5		
6		
7		
8		
Total Credit Hours		

Sr. No	Student revise the course(s) with: (Filled by department)	Description
1	Semester/term registration status	
2	Campus	
3	Program	
4	Class	
5	Section	
6	Class Schedule	
7	Classes/Lectures Status (No of classes held, if already started)	

Applicant Signature

Recommendations by Program Manager:

Recommendations by Incharge Student Support Services:

Recommendations by Registrar:

