



भारतीय प्रौद्योगिकी संस्थान कानपुर
INDIAN INSTITUTE OF TECHNOLOGY KANPUR
शैक्षिक विभाग : कार्यालय, डिजिटल लर्निंग
ACADEMIC SECTION: OFFICE OF DIGITAL LEARNING



APPLICATION FOR DROPPING OF MODULE(S)

Academic Session:		Quarter:	
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Name: _____ Roll no: _____

Program: _____ Department: _____ Year: _____

Cellphone No (if relevant): _____

MODULES TO DROP:

Sl No	Module no	Credits	Title of the module	Nature*	Taken as ⁺	Consent of the Instructor
				COR/ELE	FRE/REP/SUB	
				COR/ELE	FRE/REP/SUB	
				COR/ELE	FRE/REP/SUB	

*Please tick (v) COR for Core & ELE for Elective as appropriate.

+ Please tick (v) FRE for Fresh/REP for Repeat/ SUB for Substitute as appropriate.

Date: _____

Signature of Student: _____

Recommendation of DOPC Convener

Signature of DOPC Convener

FOR OFFICE USE ONLY

Permission for DROPPING modules as detailed above is APPROVED/ NOT APPROVED

Remarks:

Signature of Dealing Assistant

Remarks:

Signature of Chairman, SOPC