



**Indian Institute of Technology Guwahati
Academic Affairs Section**

**COURSE DROP FORM
FACULTY ADVISOR'S COPY**

**Academic Year &
Semester**

Odd / Even / Summer

(in capital letters only)

Name:

Roll Number:

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Academic Programme:

**Branch /
Discipline:**

Current Semester No.:
(1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / ...)

**Your Mobile
Number:**

Please DELETE the following courses registered by me in the current Semester / Term.					
Sl. No.	Course No.	Course Title	Credit	Registered as	Signature of Instructor
1				Audit / Credit	
2				Audit / Credit	
3				Audit / Credit	

Signature of the Student

Date:

Checked and put up for approval

Signature of Faculty Advisor

Date:

Approved

Signature of Dealing Staff with Date

Signature of ADOAA/ DOAA with Date



**Indian Institute of Technology Guwahati
Academic Affairs Section**

**COURSE DROP FORM
STUDENT'S COPY**

**Academic Year &
Semester**

Odd / Even / Summer

(in capital letters only)

Name:

Roll Number:

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Academic Programme:

**Branch /
Discipline:**

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