Requisition for Late registration / De-registration in MIS / (For Students)

Name of the Student	
Roll Number(s)	
Semester	
Department	
Specialization (for PG)	

COURSES TO BE REGISTERED / DE-REGISTERED

Sl. No.	Course Code	Course Name	Course Type (Core / Elective / Laboratory)	Name of the Faculty	Signature of the Faculty

Date: **Head of the Department**

For Office use

Associate Dean (Academic)	**:**	