

**School of Natural Sciences****Proforma for Improvement / Repeat / Alternate / Additional Courses (UG Students)**

Name of student		Regn. #		Batch	
Semester	Spring / Fall / Summer	Dept/Discipline	Mathematics / Physics / Chemistry		
Contact Details	Cell		Email		

(a). Repeat / Improve Course(s) detail:

Sr. No	Course Code	Course Title	Previous Grade	Cr. Hrs

(b). Alternate Elective Course detail:

Sr. No	Course Code	Course Title	Cr. Hrs	Course Code	Alternate of the Course	Previous Grade

(c). Additional (non-credit) Course(s) detail:

Sr. No	Course Code	Course Title	Cr. Hrs

Name of Student's Advisor _____ Student's Signatures: _____ Date: _____

-----*(For Official Use only)*-----**Advisor Recommendation:****Recommended/ Not Recommended**

Signatures: _____ Date: _____

Head of Department**Approved / Not Approved.**

Signatures: _____ Date: _____