Indian Institute of Technology Guwahati
Academic Affairs Section
COURSE ADJUSTMENT FORM
ACADEMIC SECTION'S COPY

Academic Year & Semester	
	Odd / Even / Summer

(in capital letters only)

Name:

Roll Number:									
Academic Programme:			**Branch / Discipline:**	
Current Semester No.: (1 / 2/ 3 / 4/ 5/ 6/ 7/ 8/ …)			**Your Mobile Number:**	

List of Courses Registered in the Current Semester/ Term

Sl. No.	Course No.	Course Title	Credit	Registered as
1				Audit / Credit
2				Audit / Credit
3				Audit / Credit
4				Audit / Credit
5				Audit / Credit
6				Audit / Credit
7				Audit / Credit
8				Audit / Credit
		Total Credit =		

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	

Please ADD & REGISTER the following courses in the current Semester / Term.

Sl. No.	Course No.	Course Title	Credit	Registering as	Signature of Instructor
1				Audit / Credit	
2				Audit / Credit	
3				Audit / Credit	

Signature of the Student
Date:

Signature of Faculty Advisor
Date:

Checked and put up for approval

Approved

Signature of Dealing Staff with Date

Signature of ADOAA/ DOAA with Date

Indian Institute of Technology Guwahati
Academic Affairs Section

COURSE ADJUSTMENT FORM
FACULTY ADVISOR'S COPY

Academic Year & Semester

Odd / Even / Summer

(in capital letters only)

Name:

Roll Number:

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	

Please ADD & REGISTER the following courses 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   Signature of Faculty Advisor
Date: Date:

Checked and put up for approval   **Approved**

Signature of Dealing Staff with Date   Signature of ADOAA/ DOAA with Date

Indian Institute of Technology Guwahati
Academic Affairs Section

COURSE ADJUSTMENT FORM
STUDENT'S COPY

<u>**Academic Year &**</u>
<u>**Semester**</u>

Odd / Even / Summer

(in capital letters only)

Name:

Roll Number:										

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	

Please ADD & REGISTER the following courses in the current Semester / Term.

Sl. No.	Course No.	Course Title	Credit	Registering as	Signature of Instructor
1				Audit / Credit	
2				Audit / Credit	
3				Audit / Credit	

Signature of the Student
Date:

Signature of Faculty Advisor
Date:

Checked and put up for approval

Approved

Signature of Dealing Staff with Date

Signature of ADOAA/ DOAA with Date