



INSTITUTE OF
SPACE TECHNOLOGY

COURSE – ADD FORM

Name of Student	Registration No.

Spring	Summer	Fall		
Semester			Year	
Department				

A D D	Course Code	Course Titles	Cr. Hrs.	Pre-requisites	
				Course code	Grade

TOTAL CREDIT HOURS →	
Total Credit hours previously registered →	

Last Semester GPA	Cumulative GPA	Student Signature	Date
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Advisor	Remarks
The course codes, titles and credit hours assigned are correct and have previously been dropped by the student.	
These courses are in accordance with the degree plan of the student.	
The student has completed the pre-requisite(s) of the courses added.	
<i>I recommend him/her for ADD of the courses listed above.</i>	
Signature	Date:
Academic Coordinator	
Courses offered With Batch/Semester:	
The current time table is adjusted for the above Added Course.	
Signature	Date:
HoD	Signature
Dean	Signature
	Date:

The student has paid all the fees for the current semester.	Signature: (Accounts)	Date:
For Office Use only		
Not Accepted	Provisionally Accepted	Accepted

Note: Students are required to submit duly completed Form to Coordinator Office within due date. If a student is intended to repeat/improve a course then this form is not acceptable.