



COURSE REPLACEMENT FORM FOR ELECTIVE COURSES ONLY

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> <tr> <td colspan="8" style="text-align: center;">Registration No.</td> </tr> </table>									Registration No.							
Registration No.																	
Name of Student																	

Spring	Summer	Fall					
Semester			Year		Department		Batch No.

R E P L A C E M E N T	Elective Course Replacement	Course Code	Course Titles	Cr. Hrs	Course Replacement	Pre-requisites	
	Previously Studied Course				Previous Grade	Course Code	Grade
	New						
TOTAL CREDIT HOURS OF REPLACEMENT COURSE							
Total Credit hours previously registered (Semester Course Load)							
Grand Total							

.							
Last Semester GPA				Cumulative GPA		Student Signature	Date

Academic Coordinator		Remarks	
		Yes	No
The course codes, titles and credit hours assigned are correct			
These courses are in accordance with the degree plan of the student			
The student has completed the pre-requisite(s) of the newly added course(s)			
The current time table is adjusted for the above Course Replacement.			
Recommended for Payment of Course(s) Fee.			
Courses Offered With Batch/Semester			
<i>I recommend him/her for Replacement of the course(s) listed above</i>			
		Signature	Date:
HoD		Signature	Date:
Dean		Signature	Date:
The student has paid the fee to replace the course(s).		Signature: AD (Finance)	Date:
For Office Use only			
Admissions Office <i>(course registration completed)</i>		Examination Office <i>(course linkage completed)</i>	

Note: Students are required to submit duly completed Form to Coordinator Office within due date