भारतीय प्रौद्योगिकी संस्थान कानपुर
INDIAN INSTITUTE OF TECHNOLOGY KANPUR
शैक्षिक विभाग : कार्यालय, डिजिटल लर्निंग
ACADEMIC SECTION: OFFICE OF DIGITAL LEARNING

APPLICATION FOR FEE WAIVER OF REPEATED/SUBSTITUTED MODULE

Academic Session:		Quarter:	

Name: _____ **Roll no:** _____

Program: _____ **Department:** _____

Cellphone No: _____ **Email ID:** _____

No. of Completed Modules: _____ **CPI till date:** _____

(Upload a copy of the last grade sheet)

Details of Repeated/Substituted modules with grades

Module Details				Previous Grade Details		Current Grade Details		
Sl No	**Module No.**	**Module Name**	**Nature***	**Quarter**	**Grade**	**Taken as+**	**Quarter**	**Grade**
			COR/ELE			REP/SUB		
			COR/ELE			REP/SUB		
			COR/ELE			REP/SUB		
Request of Fee waiver$ made for (specify the module no.)							Module No.	

*Please write COR for Core/Compulsory & ELE for Elective as appropriate.
+ Please write REP for Repeat/ SUB for Substitute as appropriate.
$ **Please note that the fee waiver is applied for only one repeated/substituted module. Students are requested to submit such request during preregistration of their last quarter of the programme.**

Date: _____ Signature of Student: _____

Recommendation of Program Coordinator

_____
Signature Program Coordinator

FOR OFFICE USE ONLY

Remarks:

Checked by	Approved by
_____ **Signature of Dealing Assistant**	_____ **Signature of PIC (ODL)**