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| |  |  | | --- | --- | | **COURSE RE-REGISTRATION FORM - 2018-19 (ODD SEMESTER)** | | | **(To be filled by the Student)** | | | Name of the Student : | | | VTU No : | Register No. : | | School : | Department : | | Current Semester : | No.Of.Courses Not Eligible: | | Following courses are offered   |  |  |  |  | | --- | --- | --- | --- | | **S.NO** | **Course Code** | **Course Title** | **Credits** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | No. of Courses Registered Now \_\_\_\_\_: x Rs.5,000 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (In words \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Only) | | | **Signature of the Student** | | | **Recommended By Forwarded By**  **Signature of the Mentor Head of the Department** | | | **Approved By Director  (Academics)** | | |