Department of Computational and Data Sciences

DROP FORM

Name and SR. No.		Date:
Degree Registered	Ph.D / M. Tech (Res)/M.Tech	
Term	August - December January - April	
I would like to drop the following course(s):		
Course No(s).	Course Title(s):	
_____ Signature of Student _____ Signature of Instructor		
_____ Signature of the Advisor(s)		