



Walchand College of Engineering Sangli

Academic Office

Re-registration Form

Date:

Student Name									
PRN				Class and Branch					
Contact No				Email id					
To be filled by Student					To be filled by Department				
Sr.No	Course Code	Credits	Course Name	Previously appeared Semester /Academic Year/ Previously Grade	Sr.No	Equivalent Course Code	Credits	Equivalent Course Name	Course Teacher Name (to be Nominated by HoD)
1					1				
2					2				
3					3				
4					4				
5					5				
6					6				
7					7				
8					8				
9					9				
10					10				
Student Sign -						With attendance <input type="radio"/>		Without Attendance <input type="radio"/>	

Note: 1. Attach Grade card/result screen shot print copy

2. After the Department level DAC and HoD signature student has to submit the form in the Dean Academic office.

DAC

HoD

Associate Dean Academics

Copy to:

1. DAC
2. HoD
3. Exam Section