

Walchand College of Engineering Sangli



Academic Office Re-registration Form

Date:

To be filled by Student	
Student Name	
PRN	
Class and Branch	
Re-registration Course Code	
Re-registration Course Name	
Course Credits	
Previously appeared Semester and Academic Year	
Grade card attached	Yes
Student Sign with Contact No and Mail ID	

Note: After Department level DAC and HOD signature student has to submit the form in the Dean Academic office.

To be filled by Department		
Equivalent Course Code		
Equivalent Course Name		
Course Credits		
Attendance	<input type="checkbox"/> With attendance	<input type="checkbox"/> Without attendance
Course Teacher Name (to be nominated by HoD)		

DAC

HoD

Dean Academics

Copy to:

1. DAC
2. HoD
3. Exam Section
4. Student Section