

GATI SHAKTI VISHWAVIDYALAYA
NAIR Campus, Lalbaug, , Vadodara

Registration Form for Audit Course

Date: _____

Name of Student: _____ **Roll No. :** _____

Programme : _____

Sir/Madam,

I wish to study the following course(s) as Audit course. Kindly allow me to register for the same.

Details of the Audit course(s):

Sl. No.	Name of Course	Course Credit	Term	Total Credit Load in the Term with Audit Course
1				
2				
	Total Credit			

Student's Sign : _____

Remarks by Course Faculty

Date: _____

Remarks by the Programme Director

Approved / Not Approved

Date: _____

Sign _____

Submission to the Exam Office with copy to Student Section