



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

DAC

HoD

Dean Academics

Copy to:

1. DAC
2. HoD
3. Exam Section