**THE CHAIRMAN**

**Centre for Biosystems Science Engineering**

**IISc**

**Date:**

**DROPPING OF COURSE**

**……………………………..**

**Please permit me to drop of the course indicated below which I have registered.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** | **:** |  | **SR. NO.**  | **:** |
| **CLASS** | **:** |  | **SESSION** | **:** |
| **COURSE NO.** | **:** |  | **NO. OF CREDITS** | **:** |
| **TITTLE** | **:** |  |  |  |

**Remaining No. of Credits in**

**the term (after dropping):**

**Yours Faithfully**

**Recommendation**

**Of the Advisor:**

**Signature of the Instructor**

**With date:**

**Date: CHAIRMAN**

 **CENTRE FOR B.S.S.E.**