



**ACADEMIC OFFICE**  
**NATIONAL INSTITUTE OF TECHNOLOGY**  
**TIRUCHIRAPPALLI - 620 015, TAMIL NADU, INDIA**

**Requisition for change of courses in MIS / (For Students)**

Name of the Student	
Roll Number(s)	
Semester	
Specialization (for PG)	
Course code (registered)	
Course Name (registered)	
Name of the faculty (registered)	
Department	
Course code (to be changed)	
Course Name (to be changed)	
Name of the Faculty (to be changed)	
Department	
<b>Accepted to change</b>	<b>Permitted to register</b>
<b>Signature of the Faculty</b>	<b>Signature of the Faculty</b>

**Date:**

**Head of the Department**

**For Office use**

<b>Associate Dean (Academic)</b>	<b>:</b>	
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