INDIAN INSTITUTE OF TECHNOLOGY ROPAR

ACADEMIC SECTION

REQUEST FORM

Date:_____

1	Name of the student	:
2	Entry No.	:
3	Subject of the request	:
3.	Please mention the issue	:
Please attach relevant documents in support of your request(if any).		

Signature of the student

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Course Instructor recommendation, if issue related to courses/grades.

Signature of the Instructor :_____

Name of the Instructor:_____

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1. The request of the student is as per the Institute rules : ☐ Yes ☐ No (Please tick one)
   OR
2. Please give specific recommendations : _____
   _____
   _____
   _____

Name of the Faculty Advisor:_____

Signature of the Faculty Advisor:_____

Signature of the HOD(concerned dept. of student)

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(Please wait for the reply within 3 working days after submission in Academic Section.)

(For use by Academic Section)

Comments/Remarks by Academic Section:_____

_____

_____

Junior Assistant

_____

_____

Jr.Superintendent(PG/Research)

_____

_____

Superintendent

D.R.(Academics)

Dean(UG)/Dean(PG) :

D.R.(ACADEMICS)/SUPDT.