



Indian Institute of Technology Hyderabad
Kandi, Sangareddy – 502285, Telangana

Conversion of Additional course

Name: _____

Roll No.: _____

Department: _____

Program: _____ Year: _____

Course conversion details:-

Additional course details				Conversion details	
Course No.	Course Title	Credits	Sem	Course Type	Semester

Date of submission to Academic Office:

Student Signature

Signature of Faculty Advisor (with date)

Signature of HoD

Name:

Joint Registrar (A.P.)

DEAN (A.P.)