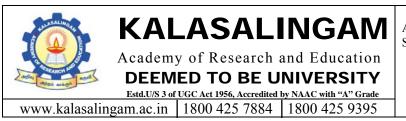
Form No.:



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OFFICE OF THE CONTROLLER OF EXAMINATIONS

APPLICATION FORM FOR APPROVING EQUIVALENT COURSES

		Date:	
Register No:		Name:	
Branch:		Year:	
Sl. No	Semester	Old-Course id	Equivalent Course id
Signature of	the Student	Signature of the Faculty Advisor	Signature of HoD
		OFFICE USE ONLY	
Entered by			
			Controller of Examinations