

COURSE RE-REGISTRATION FORM FOR ACADEMIC YEAR 2025-26 (SPECIAL CLASSES)

To,				Date:	/ /202
The Dean/Director, School of, Presidency University, Bengaluru.					
	-	_			
Name of the Student:					
Roll No:					
Progran	nme:				
School:					
I would like to appear for the following course/s.					
Sl.No	Course Code	Course Na	ame	Latest Grade	Signature
1.					
2.					
3.					
4.					
5.					
Total no of courses :				Total Fees: Rs	
		n Receipt of Fees paid of R ot nodated			e Re-
Studen	t E-mail ID:				
Mobile No.					
Encl:	1. Photocopy o	of Grade Card/s		Sign	nature of Student
		Registration Fee e-Receipt			
For Office Use:					
10.00010					
Form Checked by: Approved by:					
	(Of	fice of Dean/ HOD)		(Dean/Di	rector)