

Form for opting MOOC courses as Departmental Electives or Open Elective

Name of Student: _____ Contact No.: _____
Enrollment Number: _____ Roll Number: _____ E-mail ID: _____
Program/ Department: _____ Year/Sem: _____ DE/OE: _____

Detail of MOOC Course				
Name of Subject	Name of Teacher	Institution of Teacher	Duration of subject (from-To)	Sign of student

Forwarded to PC

Forwarded to SC

Subject Code: _____
(to be filled by SC)

Name & Sign of DSC
Date:

Name & Sign of PC
Date:

Name & Sign of SC
Date:

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