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Kandi Sangareddy 502 284

**Course Elective Type Conversion Form**

Name:

Roll No.:

Department:

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| --- | --- | --- | --- | --- | --- |
| **Course Code** | **Course Name** | **No. of Credits** | **Semester** | **Currently Course Registered as**  **(Core /Free Elective etc.)** | **To be shown as Additional** |
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Guide/FA Signature: HoD Signature:

Name: Name:

Date: Date:

**Assistant Registrar (Academics)**