

UNIVERSITY OF CALICUT

Application for Change of **Complementary Course**

1.	Name of the Student (in Block letters)		
2.	Name of College (where the student is now studying)		
3.	Class in which studying/studied with group and academic year		
4.	Name of College where the student proposes to join		
5.	II. In the case of B.A/B.Sc Students a) Core course b) Complementary courses i) ii) c) Common course III. In the case of B.Com.Students a) Common course b) Elective course	In the College where the Student is studying	In the College where the Student proposes to join
6.	Complementary course to be changed	From	To
Signature of the Candidate			
7.	<u>Undertaking from the College where the student proposes to join</u> I hereby undertake to conduct internal assessment including practicals of I st and II nd semester papers of changed Complementary course of(Name of Candidate)		
Head of the Concerned Department			
(College seal to be affixed here)			
Signature of the Principal with date			

