

Manonamiam Sundaranar University , Tirunelveli – 627 012

Annexure - I

Form for Selection of a Supportive Course

Semester II – (December 2017 – April 2018) * / Semester III – (July – November 2018) *

1. Student's Name :
2. Roll No. / Register No. :
3. Programme of study :
4. Mobile No. :
5. E.mail.id :
6. Department :
7. % marks secured in the U.G. degree:
(Enclose a copy of the consolidated Mark statement of the U.G. degree)

I hereby select one of the following five supportive courses as given by me in the order of preferences below and also as approved by the respective Department offering the same.

S. No.	Supportive Course			Approved by the Course teacher			Initial of the Course teacher
	Supportive Course Department	Title of the Course	Course Code	Yes	No	If yes, enrolment number [@]	
1							
2							
3							
4							
5							

Signature of the Student
Date :

Signature of the Head of the Department
Date :

* : Strike out whichever is not applicable
@ : first – come - first - number