

**THAPAR UNIVERSITY, PATIALA**  
**Office of the Controller of Examination**

**Application for I Grade**

Date:

Department/School of \_\_\_\_\_

Name of the student: \_\_\_\_\_

Roll Number: \_\_\_\_\_

Has applied for I-Grade in Odd/Even semester of 2016-17 due to the following reason:

\_\_\_\_\_

The course information required is as follows:

Sl. No.	Course name	Course code	Internal marks	Lab marks	MST marks	Attendance status	Signature of the faculty
1.							
2.							
3.							
4.							
5.							
6.							

Date:

Signature of the Head

Approved/Not approved  
Controller of Examination