TEZPUR UNIVERSITY
CENTRE FOR DISTANCE AND ONLINE EDUCATION

Tezpur, Assam- 784028

FORMAT FOR REQUESTING RE-ADMISSION

1. **NAME OF THE LEARNER-** _____

2. **ENROLLMENT NUMBER-** _____

3. **YEAR OF ADMISSION-** _____

4. **SESSION-** _____

5. **EMAIL ID and PHONE NUMBER-** _____

6. **REASON FOR NON-COMPLETION OF THE COURSE WITHIN THE STIPULATED TIME-**

   _____

   _____

7. **NAME AND CODES OF THE COURSES CLEARED PREVIOUSLY (If any):**

Sl No	Name of the Course	Course Code

8. **DETAILS OF DRAFT SUBMITTED**:

    a.   Bank Name- _____

    b.   Draft No with Date- _____

FOR OFFICE USE ONLY

☐ **Approved**   ☐ **Not Approved**

_____

    Director, CDOE   **Date- _____**

Validity Period of Re-Admission Granted- _____

Old ID Card Sl No- _____

New ID Card Sl No- _____