TEZPUR UNIVERSITY

CENTRE FOR DISTANCE AND ONLINE EDUCATION

Tezpur, Assam- 784028

cdoe@tezu.ernet.in/ 03712273087

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- _____