То		Date :	
The Regional Director IGNOU Regional Centre, "RC Name			
•••••••••••••••••••••••••••••••••••••••			
SUB: APPLICATION FOR CHANGE OF ELECTIVE	/E/Courses-reg.		
Enrolment No.:	•••••		
Please consider my request for Change of cour	rses as per following deta	iils: -	
Programme Name & Session/Year Old Cou	rse Name & (Code)	New Course Name & (Cod	
<b>Fee Details: -</b> Online Payment of Miscells <b>DD</b> (Drawn in favour of <b>IGNOU</b> and payable at ' Reference No. / DD No.	Regional Centre Na	ame")	
Bank Name Amour	nt Rs/-		
	Signature of the A	pplicant	
	Mob:		
	E-mail Id :		
Note:	Date of Birth		
The Change in Elective/Course is permitted within	30 days from the receipt	t of first set of course material.	
For Undergraduate Programme :	For Master's Degree Programme :		
Payment of Rs.350/- for a 2/4 credit course	0		
Payment of Rs.700/- for a 6/8 credit course	Payment of Rs.600/-	•	

- 2. Change of course is NOT permitted in this Format for CBCS Based Batchlar Programmes BAG/BAM/BCOMG/BCOMF/BSCG/BSCM/BSWG/BFSM.
- 3. Fee will not return after paid.

	The Registrar (SRD),						
	Student Registration Division,						
	IGNOU Maidan Garhi,						
	New Delhi-110068.						
,	Sub: Application for Change	of Electiv	e/Courses in Cl	BCS-Based Programme-reg.			
	Enrolment No.:	•••••	<b></b>				
	Please consider my Change of courses of study as per following details:						
P	Programme Name & Session/Year	Old Course	Name & (Code)	New Course Name & (Code)			
	Fee Details: - Online Payment of Miscellaneous Fees (SBI Collect) / <b>Or</b>						
	DD (Drawn in favour of IGNOU and payable at New Delhi)						
	Reference No. / DD No Date						
	D 1 M						
	Bank Name Amount Rs/-						
	Signature of the Applicant						
			Mob:				
			E-mail Id :				
			Date of Birth				
Not	<u>e</u> :						
1. 7	This Application consider Only Cha BAG/BAM/BCOMG/BCOMF/I	0		C			
<b>2</b> . T	e Change in Elective/Course is permitted within 30 days from the receipt of first set of course material: -						
	Payment of Rs.350/- for a 2/4 cr	edit course	Payment of Rs	.700/- for a 6/8 credit course			
	F <b>or Query, Email:</b> srdgrievance@ig 011-29572218, 011-29571313.	nou.ac.in, r	egistrarsrd@ignou.	ac.in , (https://igram.ignou.ac.in/).			

Date :- .....

To