Open Elective Course Choice Form

*1. Students are required to write course codes of five courses of their choice in given space.*

*2. The last date of submission of choice form to the Head, Department of Botany, MZU is* ***18th December, 2019.***

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| 1.  | Name of Department :  |  |
| 2. | Name of School:  |  |
| 3. | Number of total students : |  |
|  |
| **S.No.** | **Name of Student** | **Roll Number** | **Course code of five OE courses from the list** |
|  |  |  | (1) | (2) | (3) | (4) | (5) |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
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Signature of HOD Signature of OE Mentor of

 the Department

Signature of Dean of School