
	<p><b>Centre for Distance and Online Education</b>  <b>ALAGAPPA UNIVERSITY</b>          (A State University Established through an Act by the Government of Tamil Nadu in 1985,          Accredited with A+ Grade by NAAC (CGPA 3.64) in the Third Cycle,          Graded as Category-I University and Granted Autonomy by MHRD-UGC,          NIRF-University-Rank 30; QS Asia Rank 251; THE World University Rank 401-500 Band)  <b>KARAIKUDI - 630 003, Tamil Nadu, India</b></p>	
Phone: (+91) 4565 223401		E-mail: <a href="mailto:dde@alagappauniversity.ac.in">dde@alagappauniversity.ac.in</a>

### Application for Change

Enrollment No.:  
 Name of the Learner:  
 Programme of study:  
 Mobile Number:  
 E-Mail:

#### Please tick the change(s) required

Type of Change	Fee (Rs)	Attachment(s) required (Photocopy)
Change of Learning Support Centre (LSC)	500	No Objection certificate from the existing LSC
Change of Optional / Elective course	500	Learner ID proof
Change of Address	100	Learner ID proof
Change of Learner Name	100	Learner ID proof, Government Gazette effecting name change
Extra SLM (Book) per course	300	Learner ID proof
Extra SLM (Book) for B.Ed per course	500	Learner ID proof

#### Please fill required details

Change requested	From	To
Change of Learning Support Centre		
Change of Optional / Elective course		
Change of Address with pincode		
Change of Learner Name		

#### **Demand Draft** (drawn in favour of "The Director, CDOE, Alagappa University, Karaikudi")

Bank Name	Place of Bank	Amount (Rs)	Date	DD No.

Signature of the Learner with date

Demand Draft received by the office:

Signature with date