



ACADEMIC AFFAIRS, ADMISSION AND
REGISTRATION OFFICE

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Revision: 00

REPLACEMENT / PERMANENT CHANGE OF CLASS
ROOM VENUE / TIME APPLICATION FORM

Effective Date: 24 July 2020

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SECTION I (To be filled by applicant) (please (√) in the box provided)

Type of Change: Class Replacement | Permanent

Subject Name: _____ Subject Code: _____

Lecturer's Name: _____

	Existing	New
Date & Time:		
Venue:		

Reason(s): _____

Applicant's Signature: _____ Date: _____

Applicant's Name: _____

SECTION II (Applicant is required to get endorsement from the faculty / school)

Approved Disapproved

Dean / Head's Signature: _____ Date: _____

Dean / Head's Name: _____

Comments: _____

SECTION III (FOR ACADEMIC AFFAIRS, ADMISSION & REGISTRATION OFFICE USE ONLY)

Acknowledged Rejected

Proceed by: _____

Date: _____