**KULLIYYAH OF ISLAMIC REVEALED KNOWLEDGE AND HUMAN SCIENCES**

**OFFICE OF DEPUTY DEAN (RESPONSIBLE RESEARCH AND INNOVATION)**

**APPLICATION FOR CHANGE OF CLASS SCHEDULE FOR POSTGRADUATE COURSE**

(FOR ACADEMIC STAFF ONLY)

Semester \_\_\_\_, Session \_\_\_\_\_\_ / \_\_\_\_\_\_

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| **Applicant Information** |
| Name: |
| Staff No.: | Office Ext.: | H/P: |
| Department: |
| Date of Application: | Signature of Applicant: |

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| **Additional Information** |
| Course Code: | Course Title: |
| Section: | Day/Time:  | Venue: |
| Please thick (/) the new schedule requested: | New venue requested:Alternative venue: |
| Day: | [ ] Monday  | [ ] Tuesday |
|  | [ ] Wednesday | [ ] Thursday |
| Time: | [ ] 08.30 a.m. – 11.20 a.m. |
|  | [ ] 11.30 a.m. – 02.20 p.m. |
|  | [ ] 02.30 p.m. – 05.20 p.m. |
|  | [ ] 05.30 p.m. – 08.20 p.m. |

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| **Important Notes:**Application for rescheduling has to be attached together with the proof of student consensus (class list with student signature). |

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| **FOR OFFICE USE** |
| [ ] Approved | [ ] Not Approved |
|  |
| Remarks: |
| Signature:Name:Date: |