**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: | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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: | |