

**REQUEST FOR CHANGE OF CLASS TIMETABLE / CLASSROOM**

Must reach the staff-in-charge of timetable at OAR

**No later than the end of the second (2<sup>nd</sup>) week of the semester (Colleges) / 3<sup>rd</sup> week of the semester (IIU)**
**PART A : PARTICULARS**

Lecturer Name : \_\_\_\_\_ School : \_\_\_\_\_  
 Session : \_\_\_\_\_ Programme Code : \_\_\_\_\_  
 Subject Code(s) & Section(s) : \_\_\_\_\_ Class size : \_\_\_\_\_  
 Type of change request (Please tick (✓) whichever applicable):  
 Classroom       Lab       Timetable

**PART B : ORIGINAL SCHEDULE**
**PART C : REQUESTED NEW SCHEDULE**

DAY	TIME		ROOM
	FROM	TO	

DAY	TIME		ROOM
	FROM	TO	

**PART D: REASON FOR CHANGE (PLEASE TICK (✓))**

Clash of classes \_\_\_\_\_  
(Please indicate the programme & subject code)  
 Change of Class Size \_\_\_\_\_  
(Please indicate the total number of students)  
 Other(s) (Please list) \_\_\_\_\_  
 \_\_\_\_\_

**PART E: HOP**

REMARKS : \_\_\_\_\_  
 \_\_\_\_\_  
 RECOMMENDED / NOT RECOMMENDED  
 SIGNATURE : \_\_\_\_\_ / \_\_\_\_\_ DATE : \_\_\_\_\_  
(Name & official chop) (Signature)

**PART F: DEAN / DIRECTOR / HEAD OF SCHOOL (HOS)**

REMARKS : \_\_\_\_\_  
 \_\_\_\_\_  
 APPROVED / NOT APPROVED  
 SIGNATURE : \_\_\_\_\_ / \_\_\_\_\_ DATE : \_\_\_\_\_  
(Name & official chop) (Signature)

**PART G: ACADEMIC OFFICE (Applicable to IICS only)**

REMARKS : \_\_\_\_\_  
 \_\_\_\_\_  
 APPROVED / NOT APPROVED  
 SIGNATURE : \_\_\_\_\_ / \_\_\_\_\_ DATE : \_\_\_\_\_  
(Name & official chop) (Signature)

**PART H: TIMETABLE COMMITTEE**

REMARKS : \_\_\_\_\_  
 \_\_\_\_\_  
 CAN BE DONE / CANNOT BE DONE  
 SIGNATURE : \_\_\_\_\_ / \_\_\_\_\_ DATE : \_\_\_\_\_  
(Name & official chop) (Signature)