

APPLICATION FOR POSTPONEMENT AND REPLACEMENT, EXTRA, TEST, MAKE UP CLASS FORM

Instructions:

- (a) Lecturer shall complete Part A, Part B, Part C
- (b) Lecturer must submit this form to the Dean (or any staff authorized by the Dean) at least 5 working days before the applied date of classroom booking date.
- (c) Timetabling Unit (OAR) shall receive this approved form at least 3 working days before the classroom booking date
- Applicable to IIU only
- (d) DOF/DOC applying for postponement, replacement, make-up or extra classes shall obtain approval from Deputy Vice Chancellor
- (e) For Wednesday classes (4pm 6pm); and Friday classes (12pm 3pm), the lecturer shall also obtain approval from DOF/DOC

Applicable to ICN only

(f) The Head of Programme who applies for postponement, replacement, extra classes or test shall obtain approval from Chief Executive

(g) For Wednesday classes (4pm – 6pm); and Friday classes (12pm – 3pm), the lecturer shall also obtain approval from Chief Executive										
PART A: PART	ICULARS									
Lecturer Full N	ame : _									
Email Address								:		
Tel. Ext./ Handphone : School / Faculty :										
Signature :						Date	e:			
PART B: Postpo	onement of	Class(es)								
Programme	Session	Course Cod	de Section	on I	Day	Date	Time	Class	size Hour	Room No
Reason(s):										
PART C: Replac										
	,	, , ,	'		` ',	,				Filled by TT
	T			1	ı		1	1	T	Committee
Programme	Session	Course	Section	Day	Date	Time	Class	Hours	Type *(R/M/E/T	, Room No
		Code					size		(K/IVI/E/I)
*Please indicat	te if it is Rep	olacement (R) / Make-up	(M) / Ex	tra class	(E), Class f	or test (T	')		
Remarks :										
PART D: FOR S										
HOS / Dean's /					horized)	decision:	Approved	l / Reject	ed / Recomr	nended
Remarks :										
Remarks :										
	☐ Congratulatory Leave ☐ Marketing Promotion ☐ Meeting ☐ Training									
Others, plea	ase specify:									
Signature :	/Date :									
	,	l Name chop)		(Signat	-					
PART E: DEPUT Note: Part E is for					TIC AFFA	IRS AND O	PERATIO	NS) / CHI	EF EXECUTIV	
		Rejected / R								
. 0	(Official Name Chop)			/ (Signature)				-		
PART F: FOR A	CADEMIC A	FFAIRS OFFIC	CIAL USE (Not	applicable	to IIU, ICI	N, ICS)				
Academic Affairs		•	Y for Wednesdo	ay 2pm – 4	pm, Frida	/ 1pm – 3pm,	. outside 8a	т – 6pm и	eekdays, week	ends
	Approved /	•								
Signature :	iignature :(Official Name Chop)			_/ (Signature)				te :		
PART G: TIMET			F	Jagnat						
Remarks :										
Signature :	(Officia	Name Chon)	/	(Sianat	ure)		Da	te :		
	(Official	Name Chop)		(Signat	ure)					

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Guidelines:

IIU, ICN:

- 1. Lecturer fill up Part A, B, C
- 2. Lecturer submit to School / Faculty / Centre to approve on Part D
- 3. School / Faculty / Centre submit to Deputy VC (Academic Affairs and Operations) / Chief Executive for approval if the request is made by Dean / Director on Part E
- 4. School / Faculty / Centre submits to Timetabling Unit for processing

ICS:

- 1. Lecturer fill up Part A, B, C
- 2. Lecturer submit to School / Faculty / Centre to approve on Part D
- 3. School / Faculty / Centre submits to Timetabling Unit for processing on Part G

IICS, IICKL, IICP

- 1. Lecturer fill up Part A, B, C
- 2. Lecturer submit to School / Faculty / Centre to approve on Part D
- 3. School / Faculty / Centre submit to Academic Affairs Office if the affected time is on student activity time, Part F
- 4. School / Faculty / Centre submits to Timetabling Unit for processing on Part G