

ADD / MODIFY / DELETE
ACADEMIC COURSES FORM

Semester..... Academic Year20.../20....

College..... Department.....

Required Action: Add / Delete / Modify: - time/Faculty member/ requisites

Course number and section units.....

maximum limit.....

Course name in English.....

Section details after amendment:

Days: Sunday Tuesday Thursday Monday Wednesday

Time:

Office hours:

Lab time:

Faculty member:

Job Id. Number:

Faculty Member Signature:

Location:.....Building:.....Class:.....

Reasons for modification

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Head of Department Signature

Assistant Dean for Student Affairs Signature