



KHWAJA FAREED UNIVERSITY OF ENGINEERING & INFORMATION TECHNOLOGY, RAHIM YAR KHAN

PERFORMA FOR CHANGE IN CLASS SCHEDULE

Sr. No.	Missed Class (Course Code) Date & Time	Scheduled Teacher	Alternate Teacher	Alternate Schedule (Date & Time)	Room No.

Reason: _____

SCHEDULED TEACHER

ALTERNTE TEACHER

Name, Designation, Sign

Name, Designation, Sign

APPROVED BY HOD

Name, Designation, Sign

Copy To:

- Dean of All Faculty



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