Kingdom of Saudi Arabia
Ministry of Education
College of Computer & Information Sciences
Majmaah University

College of Computer and Information Sciences
كلية علوم الحاسب والمعلومات

جامعة المجمعة
Majmaah University

LECTURE TIME CHANGE FORM

Course Name and Code:		**Semester:**	
Current Lecture Day , Time & Room:		**Level / Group:**	
Proposed Lecture Day , Time & Room:		**Section no**	

Reasons for Change:

Instructor Name and Signature:		**Date:**

S.N.	Student Name	Student ID	Signature	S.N.	Student Name	Student ID	Signature
				Student Details			
1				16			
2				17			
3				18			
4				19			
5				20			
6				21			
7				22			
8				23			
9				24			
10				25			
11				26			
12				27			
13				28			
14				29			
15				30			

Approved:-

☐ **Yes** ☐ **No**

Head of Department

Signature

Signature of Vice Dean

Dr. Sultan Al-shehri

Note : Proposed time is not final until it is approved.