

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



EXAM TIME CHANGE FORM

1) Course Name and Code: See									
Exam Day and Time:							Room:		
2) Course Name and Code:							Section no:		
Exam Day and Time:							Room:		
Suggestions: Course(1) Exam Day and Time:							Room:		
		Exam Day and Time:					Room:		
Course(2) Exam Day and Time:							Koom.		
Student Details									
S.N.	Stud	ent N am e	Student I D	Signature	S.N.	Student N am e	Student I D	Signature	
1					16				
2					17				
3					18				
4					19				
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15					30				
Approved:-						Signature of Vice Dean			
☐ Yes ☐ No Head of Department						Signatui (or vice Deali		
nead of Department						Dw Tolol Allforbi			
Signature						Dr. Talal AlHarbi			

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