

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



## LECTURE TIME CHANGE FORM

Cours	se Name and Code	:				Semester:		
	ent Lecture Day , T	'ime &				Level /		
Roon	ı: osed Lecture Day ,	Time &				Group:		
Room		i iiiie &				Section no		
Reasons for Change:								
Instructor Name and						Date:		
Signature:						Date.		
Student Details								
S.N.		a. 1		S.N.				
	Student Name	Student ID	Signature		Student Name	Student ID	Signature	
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				
	oved:-		Signaturo o	f Vice Dean				
□ Yes □ No					Signature of Vice Dean			
Head of Department					Dr. Ahmed Alhussen			
Signature								

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