

EXAM TIME CHANGE FORM

1) Course Name and Code:		Section no:	
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:	
Course(2)	Exam Day and Time:		Room:	

Student Details							
S.N.	Student Name	Student ID	Signature	S.N.	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			

<p>Approved:- <input type="checkbox"/> Yes <input type="checkbox"/> No Head of Department Signature</p>	<p>Signature of Vice Dean Dr. Sultan Al-Shehri</p>
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Note : Proposed date and time is not final until it is approved.