



CENTRE FOR FOUNDATION STUDIES

APPLICATION FORM TO CHANGE SLOT(S) AND VENUE(S)

Semester: _____ Session: _____

**Reminder: A copy of your current time table must be attached to this form.

NAME : _____ STAFF NO. : _____
DEPARTMENT : _____ PHONE NO. : _____

Course Code : _____ Component (if relevant): _____
Group No : _____ Total students : _____

CURRENT SLOT			NEW SLOT		
DAY	TIME	VENUE	DAY	TIME	VENUE

Course Code : _____ Component (if relevant): _____
Group No : _____ Total students : _____

CURRENT SLOT			NEW SLOT		
DAY	TIME	VENUE	DAY	TIME	VENUE

Please state reason(s)

Applicant's Signature : _____ Date : _____

Recommended / Not Recommended by Deputy Head of Department & Date: _____

FOR OFFICE USE

Processed by : _____ Date : _____