

CENTRE FOR FOUNDATION STUDIES

FS10

Workstation: CFS/DDAIL Version : 01 Revision No: 00 Effective Date: 1/7/2018

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

	Semester:		Session:			
	**Reminder: A copy of	your current time	table must be attache	d to this form.		
NAME : STAFF NO. :						
DEPARTMENT	:					
Course Code Group No	: :		Component (if relevant): Total students :			
Group No	•			-		
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 reas	on(s)					
Applicant's Signature :			Date	:		
Recommended /	Not Recommended by D	eputy Head of Dep	partment & Date:			
FOR OFFICE USE						
Processed by :			Date	:		