**STAFF REPLACEMENT**

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| --- | --- | --- | --- | --- |
| **Department:** |  |  | **Semester:** |  |

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| **Sr. No** | **Course** | | **Activity**  **(T or P)** | **Section.**  **No** | **Current staff** | **Suggested staff** |
| **Code** | **Title** |
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| **Justification:** |  |
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| **Class Instructor/ Academic Advisor:** | |  |  | **Accomplishment:** |
|  |  |  |  | The amendment has been successfully completed. |
| -----------------------------------  Name | ------------------------ Signature | ----------------------------------- Date |  | The amendment has not been done due to the following reasons: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Chairman/ ELC Director:** |  |  | **SIS Coordinator:** |  |  |
|  |  |  |  |  |  |
| --------------------------------------- Signature | ----------------------------------- Date |  | **-------------------------------- Name** | **------------------------------ Signature** | **---------------------------- Date** |