**PRELIMINARY SCHEDULING FORM**

Faculty Members Leaving or Expected to Leave JIC by the Commencement

**Department:** …………………………………………………..…………………………………….…………….……………… **Semester:** …………………………………………………………………….…………………

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. No | **I.D No.** | **Staff Name** | **Position** | **All Courses to be deleted from the SIS**  |
| **Course 1** | **Course 2** | **Course 3** |
| Code | Title | Activity (T or P) | Code | Title | Activity (T or P) | Code | Title | Activity (T or P) |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |

**Legend: T :** Theory**, P :** Practical

**Chairman/ ELC Director:**  **Accomplishment**

 The amendment has been successfully completed.

……………………….………..……….. ……………………..…..……… The amendment has not been done due to the following reasons:

 Signature Date

 **SIS Coordinator:**

 …………………………..……….. …………………………..……….. …………………………..………..

 Name Signature Date