**PRELIMINARY SCHEDULING FORM**

The Assignment of Labs/Workshops for courses & the Capacity Change

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sr. No | **Lab No.** | **Lab Title** | **Max. Cap.** | **Course 1** | | **Course 2** | | **Course 3** | | **Course 4** | | |
| **Code** | **Title** | **Code** | **Title** | **Code** | **Title** | **Code** | **Title** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |

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

The amendment has been successfully completed.

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Signature Date

**SIS Coordinator:**

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Name Signature Date