**FACULTY MEMBERS EXEMPTED FROM**

**REGULAR INSTRUCTIONAL COMMITMENTS**

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

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| --- | --- | --- | --- | --- | --- | --- |
| **Sr. No** | **I.D No.** | **Staff Name** | **Position** | **Periods** | **Special Program Title** | **Loc** |
| **Sat** | **Sun** | **Mon** | **Tue** | **Wed** |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
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| 7 |  |  |  |  |  |  |  |  |  |  |
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**Chairman/ ELC Director:**  **Accomplishment**

 The amendment has been successfully completed.

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 Signature Date

 **SIS Coordinator:**

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

 Name Signature Date