**STAFF REPLACEMENT**

**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.

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

 Name Signature Date

**Chairman/ ELC Director: SIS Coordinator:**

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

 Signature Date Name Signature Date