**STAFF REPLACEMENT**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr. No** | **Course** | | **Activity**  **(T or P)** | **Section.**  **No** | **Current staff** | **Suggested staff** |
| **Code** | **Title** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Justification:**

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

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

**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