**CANCELLATION OF SECTION(S)**

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

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| **Sr. No** | **Course** | | **Activity**  **(T or P)** | **Section**  **No** | **Staff** | **Location** | **Time** | **No. of Students** |
| **Code** | **Title** |
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**Justification:**

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**Class Instructor/ Academic Advisor:**  **Accomplishment**

The amendment has been successfully completed.

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Name Signature Date

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

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Signature Date Name Signature Date