**CANCELLATION OF SECTION(S)**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr. No** | **Course** | **Activity****(T or P)** | **Section****No** | **Staff** | **Location** | **Time** | **No. of Students** |
| **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