

EXAM DATE CHANGING

Course Name and Code:		Semester:	
Scheduled Exam Day & Date:		Time:	
New Exam Day & Date:		Time:	

Reasons to Change Exam Date and Time:

Instructor Signature:		Date:	
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Student Details							
S.N.	Student Name	Student ID	Signature	S.N.	Student Name	Student ID	Signature
1				16			
2				17			
3				18			
4				19			
5				20			
6				21			
7				22			
8				23			
9				24			
10				25			
11				26			
12				27			
13				28			
14				29			
15				30			

Approved:- <input type="checkbox"/> Yes <input type="checkbox"/> No Head of Examination Committee Signature	Signature of Vice Dean Dr. Sultan ALShehri
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