

## Kingdom of Saudi Arabia Ministry of Education College of Computer & Information Sciences Majmaah University



## LECTURE TIME CHANGE FORM

Cours	se Name and Code	:				Semester:		
Current Lecture Day, Time & Room:						Level / Group:		
Proposed Lecture Day , Time &								
Room:						Section no		
Reasons for Change:								
Instru	uctor Name and					Date:		
Signa	ture:					Date.		
Student Details								
S.N.	Student Name	Student ID	Signature	S.N.	Student Name	Student ID	Signature	
1	Student Name	Student ID	Signature	16	Student Name	Student ID	Signature	
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:-					Signature of Vice Dean			
☐ Yes ☐ No								
Head of Department								
Signature				Dr. Talal Abdi Al harbi				

Note: Proposed time is not final until it is approved.