**Class Substitution Form**

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| **Name:** |  |   |
| **Department:** |  |   |
| **Module name and code:**  |  |   |
| **Number of student in the class:** |  |   |
| **Class room no.:** |  |   |
| **Name of faculty who will substitute the class:** |  |   |
|   |
| **Class to be substituted**  | **Date** | **Periods**  |
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| **Class to be compensated**  |  |  |
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|   |   |
| **Signature of the faculty**  | **Signature (faculty who will substitute)** | **Signature (HoD)** |
| **Final Approval by** **Dean of Academic Affairs**  |