**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** | | | |