**Date:**

**Class Substitution Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** | |
|  |  | |
|  |  | |
|  |  | |
|  | | | | |
| **Class to be compensated** | |  |  | |
|  |  | |
|  |  | |
| **Purpose** | |  | | |
| **Duration** | | **From** | | **To** |
|  | |  |
| **Funding** | |  | | |
| **Transportation** | | Pool Vehicle | Mileage/Hired | |
| **If Pool Vehicle, Name of the Driver** | |  | | |
| **Signature of the faculty** | **Signature (faculty who will substitute)** | | **Signature (HoD)** | |
| **Final Approval by**  **Dean of Academic Affairs** | | | | |