**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**  |