Faculty of Medicine
Universiti Teknologi MARA
Jalan Hospital, 47000, Sungai Buloh
Selangor Darul Ehsan

CHANGES IN TEACHING-LEARNING SESSION

Name of applicant : _____ Subject : _____

Date : _____ Time : _____

Reason : _____

_____

Signature : _____

Change to :

Date : _____ Time : _____

Name of

Replacement : _____ Signature : _____

Forwarded to :

1. Module Coordinator
   Remarks : _____

2. Year 1 / 2 Coordinator*
   Remarks : _____

3. Deputy Dean (Academic)
   Approve / Not Approved*
   Reason : _____

*Delete where not applicable