



UNIVERSITY OF SAN CARLOS  
Cebu City

Copies for:  
Registrar  
HRMO  
Department

\_\_\_\_\_ Date

REQUEST FOR CHANGE IN ( ) CLASS SCHEDULE (Please attach class list w/ signatures of students.)  
( ) CLASSROOM

FROM:

GROUP NO.	COURSE/S	TIME	DAYS	ROOM	INSTRUCTOR	SIGNATURE OF INSTRUCTOR

TO:

GROUP NO.	COURSE/S	TIME	DAYS	ROOM	INSTRUCTOR	SIGNATURE OF INSTRUCTOR

REASON FOR CHANGE: \_\_\_\_\_  
\_\_\_\_\_

Noted by:

\_\_\_\_\_ Dept. Chairman

\_\_\_\_\_ Dean

\_\_\_\_\_ University Registrar

Approved by:

\_\_\_\_\_ Vice-President for Academic Affairs