

	INTERNATIONAL CLASS ACADEMIC OFFICE	Document Number	
	Jl. Telekomunikasi No. 1, Dayeuh Kolot, Bandung 40257	Revision Number	
	Tokong Nanas Building, Floor 9, Room KU3.09.11	Effectively Used	
	Course Schedule Changing Form		

We, the undersigned,:

The First Party (Lecturer)

Code of Lecturer : _____
 Full Name : _____
 Employee Number : _____
 Major/Study Program : _____
 Faculty : _____
 Cellphone Number : _____
 E-mail : _____

The Second Party (Student)

Full Name : _____
 Students Number : _____
 Major/Study Program : _____
 Faculty : _____
 Cellphone Number : _____
 E-mail : _____

will change the schedule of

Name of Subject : _____
 Code of Subject : _____
 Class : _____

	Previous Schedule	Current Schedule
Day/Date*	_____	_____
Time	_____	_____
Room	_____	_____

Reason : _____

Status* : Permanent/Temporary
 Number of Meetings* : _____
 Started on Date* : _____

Student, _____

Bandung,, 20.....
 Lecturer,

Acknowledged by Faculty/Prodi, _____

Approved by ICAO Officer,

NOTES:

- 1)* Please cross out one of them (Permanent/Temporary).
- 2)* If it's **TEMPORARY**, **Date & Number of Meetings** must be filled in.
- 3)* If it's **PERMANENT**, **Started on Date** must be filled in.