



Eastern University

Reschedule / Make-Up Class Form

_____ Semester, 201__

Name of the Instructor : _____

Designation : _____

EID:						
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Reason For Change/Reschedule: _____

Course Code, Title & Group	Scheduled Class			Rescheduled Class		
	Day	Time	Room	Day	Time	Room

1. Please submit the form to the Program Executive, get confirmation and then inform the students of the rescheduled class.
2. This form should be attached with leave form if any faculty member takes leave during the class schedule of a semester.
3. Program Executive must be report to Dean / Chairperson and HR Section if any reschedule class was not held in schedule time.

Name and Signature of the Instructor
Date:

Signature of the Dean/Chairperson
Date: