DHURAKIJ PUNDIT UNIVERSITY

QUEST FORM FOR CANCELLATION / MAKE-UP / EXTRA CL

Re: ☐Cancellation ☐Make-up class(es) ☐Extra class(e ☐Classroom on holiday ☐Others ..... Instructor's name……..……..…☐Full time ☐Part t

To: Vice President for Academic Affairs through Dea

Since .....

.....I would like an approval for.....

Original schedule									Requested schedule			N.B.
Program Day	Evenin	Year	Course title	Group	No.of students	Day & ate of clas	Time of class	Room	Day and date	Requested Time	Room	

1. To Dean

.....

For your consideration

sign ……..…

( )

Date...../...../.....

2. To Director of Academic Affairs (

☐ Approved

☐ Not approved reason……..……

.....

gn ……..……

( )

Dean / Director

Date...../...../.....

3. Result

☐Approved ☐Approved and plus compensatio

☐Not approved

Others.....

.....

sign .....

( )

Director of Academic Affairs office

Date ...../...../.....

4. Record of Building Maintenance Division

on Duty……..Room ……

hnician……..……

sign ……..…… Head of Building Maintenance Division

Date …….../……../……..