



REQUEST FOR CHANGE IN CLASS SCHEDULE AND/ OR ROOM ASSIGNMENT

WEST VISAYAS STATE UNIVERSITY

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Date: _____

THE DIRECTOR OF INSTRUCTION/ACADEMIC AFFAIRS
Campus

May I request for the change in Class Schedule/ Room Assignment of Year
Level/Section _____ for the Course/Subject _____
this _____ Semester, SY _____.

From (ORIGINAL Schedule/Room) _____

To (New Schedule/Room) _____

For the reason(s) _____

Further, the new schedule was presented/ discussed with the students and they agreed to it.

Recommending Approval:

Name and Signature of Faculty

Chair, _____ Department

Dean/School Director

Checked and verified that the
Schedule/room requested is:

ACTION TAKEN:

Available

APPROVED

Not available

DISAPPROVED

Schedule Coordinator

Director of Instruction/Academic Affairs

Note: Accomplish in duplicate