| CPU SCD Form 9 (2/8/2023)  |  | CPU SCD Form 9 (2/8/2023)                |  |  |
|--|--|--|--|--|
| Central Philippine University  |  | Central Philippine University            |  |  |
|  |  |  |  |  |
| Iloilo City Philippines<br>Office of the Schedule Coordinator  |  |  | Iloilo City Philippines  |  |
| Office of the Schedule Coordinator   |  | Office of the Schedule Coordinator       |  |  |
| REQUEST FOR CHANGE OF ASSIGNMENT   |  | REQUEST FOR CHANGE OF ASSIGNMENT         |  |  |
| Name of Faculty:   |  | Name of Faculty:                         |  |  |
| College:   |  |  | College:   |  |
| Department:  |  |  | Department:  |  |
| CURRENT ASSIGNMENT   |  |  | CURRENT ASSIGNMENT   |  |
|  |  |  | 1  |  |
| Stubcode   |  | Stubcode                                 |  |  |
| Subject  |  | Subject                                  |  |  |
| Time   |  | Time                                     |  |  |
| Day  |  | Day                                      |  |  |
| Room   |  | Room                                     |  |  |
| NEW ASSIGNMENT   |  | NEW ASSIGNMENT                           |  |  |
| Stubcode   |  | Stubcode                                 |  |  |
| Subject  |  | Subject                                  |  |  |
| Time   |  | Time                                     |  |  |
| Day  |  | Day                                      |  |  |
| Room   |  | Room                                     |  |  |
| Reason for change:   |  | Reason for                               | Reason for change:   |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Teacher's signature over printed name  |  |  | Teacher's signature over printed name  |  |
| ENDORSED:  |  |  | ENDORSED:  |  |
| Department Chair   |  | Department Chair                         |  |  |
| Dean   |  | Departmen                                |  |  |
|  |  | Dean                                     |  |  |
| To be filled by the Schedule Coordinator   |  | To be filled by the Schedule Coordinator |  |  |
| Date Received  |  | Date Received                            |  |  |
| Date change in the system  |  |  | Date change in the system  |  |
| Signature  |  | Signature                                |  |  |
| Remarks:   |  | Remarks:                                 |  |  |
|  |  | ┨┠────                                   |  |  |
| RECOMMENDING APPROVAL  |  |  | RECOMMENDING APPROVAL  |  |
| University Schedule Coordinator  |  |  | University Schedule Coordinator  |  |
| APPROVED:  |  |  | APPROVED:  |  |
|  |  |  |  |  |
| IRVING DOMINGO L. RIO, D.Mgt.  |  |  | IRVING DOMINGO L. RIO, D.Mgt.  |  |
| Vice President for Academic Affairs  |  | Vice President for Academic Affairs      |  |  |
|  |  |  |  |  |
| Please attach a separate sheet showing that ALL students who are<br>enrolled in the class have agreed to transfer to the new class<br>schedule and should affix their signatures |  |  | Please attach a separate sheet showing that ALL students who are<br>enrolled in the class have agreed to transfer to the new class<br>schedule and should affix their signatures |  |