

Central Philippine University  
 Iloilo City Philippines  
**Office of the Schedule Coordinator**

**REQUEST FOR CHANGE OF ASSIGNMENT**

Name of Faculty: \_\_\_\_\_  
 College: \_\_\_\_\_  
 Department: \_\_\_\_\_

**CURRENT ASSIGNMENT**

Stubcode	
Subject	
Time	
Day	
Room	

**NEW ASSIGNMENT**

Stubcode	
Subject	
Time	
Day	
Room	

Reason for change:

Teacher's signature over printed name  
**ENDORSED:**

Department Chair  
 Dean

To be filled by the Schedule Coordinator

Date Received  
 Date change in the system  
 Signature  
 Remarks:

**RECOMMENDING APPROVAL**

**University Schedule Coordinator**  
**APPROVED:**

**IRVING DOMINGO L. RIO, D.Mgt.**  
 Vice President for Academic Affairs

*Please attach a separate sheet showing that ALL students who are enrolled in the class have agreed to transfer to the new class schedule and should affix their signatures*

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