



# Course Capacity Expansion Request Form

Semester ..... Academic Year .....

For Faculty

Request No. .... Date Received .....

Time Received ..... Receiver .....

To Registrar/Assistant Registrar

Date ..... Month ..... Year .....

Name ..... Phone No. (Mobile).....

Instructor of Subject No. .... Course Name ..... Group.....

Classroom..... Normal Capacity: ..... Students requests to expand the course capacity from.....students to.....Students. I can confirm that this addition does not exceed the classroom capacity. The names of these students are listed below.

No.	Student ID	Name - Surname	Note
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

\*\* In case the class has no capacity limit but the instructor wants to allow all students to register, no name or ID is needed\*\*

For your consideration,

Signature ..... Instructor

Date (DD/MM/YYYY) ...../...../.....

Opinion/Approval Process	
<b>1. Curriculum Chair</b> <input type="checkbox"/> Recommend for Approval <input type="checkbox"/> Recommended for Disapproved; Reason:..... (signature) ..... Curriculum Chair Date (DD/MM/YYYY) ...../...../.....	<b>2. Department Chair</b> <input type="checkbox"/> Recommend for Approval <input type="checkbox"/> Recommended for Disapproved; Reason:..... (signature) ..... Department Chair Date (DD/MM/YYYY) ...../...../.....
<b>3. Dean</b> <input type="checkbox"/> Approved <input type="checkbox"/> Rejected for reason of ..... (signature) ..... Dean Date (DD/MM/YYYY) ...../...../.....	<b>4. Student Registration and Educational Service</b> <input type="checkbox"/> Checked and Cleared to Proceed <input type="checkbox"/> Unable to proceed; Reason:..... (Signature) ..... Responsible Personnel Date (DD/MM/YYYY) ...../...../.....
<b>5. Registrar/Assistant Registrar</b> <input type="checkbox"/> Approved <input type="checkbox"/> Rejected for reason of ..... (signature) ..... registrar/assistant registrar Date (DD/MM/YYYY) ...../...../.....	