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| **For Faculty** |
| Request No. .......... Date Received ............ |
| Time Received ......... Receiver .................... |

 Course Capacity Expansion Request Form

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

**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** | |
| **1. Curriculum Chair** | **2. Department Chair** |
| **□** Recommend for Approval  **□** Recommended for Disapproved; Reason:.........................  (signature) .............................................. Curriculum Chair  Date (DD/MM/YYYY) ........../................./............. | **□** Recommend for Approval  **□** Recommended for Disapproved; Reason:.........................  (signature) ............................................ Department Chair  Date (DD/MM/YYYY) ........../................./............. |
| **3. Dean** | **4. Student Registration and Educational Service** |
| **□** Approved  **□** Rejected for reason of ...................................  (signature) .............................................. Dean  Date (DD/MM/YYYY) ........../................./............. | **□** Checked and Cleared to Proceed  **□** Unable to proceed; Reason.........................................  (Signature) ............................................ Responsible Personnel  Date (DD/MM/YYYY) ........../................./............. |
| **5. Registrar/Assistant Registrar** | |
| **□** Approved  **□** Rejected for reason of ...................................  (signature) ............................................... registrar/assistant registrar Date (DD/MM/YYYY) ........../................./............. | |