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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) ........../ ................/...............

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| **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) ........../................./............. |