REQUEST FOR CLASSROOMS - SEMESTER II 2025

DEPARTMENT	T
DEPARTMENT	

DAYS	PROGRAMME	MODULE	NAME OF LECTURER	CONTACT HOURS	TIME	NO. OF STUDENTS	NO. OF CLASSROOMS REQUIRED	MODE OF DELIVERY (INDICATE WHETHER FACE -TO- FACE AND/ OR ONLINE)
N. d. A.C.								

Note: After requesting the booking of classrooms, it may happen that due to emerging circumstances warranting a change in mode of delivery, the class is not conducted through face-to-face modality. In such circumstances, you are requested to **immediately** inform the Academic Support Unit to waive the booking of the classroom.