**UNIVERSITY OF SANTO TOMAS**

**COLLEGE OF NURSING**

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**TEMPORARY CHANGE(S) IN TEACHING SCHEDULE**

*( Please file in duplicate )*

**Date Filed**

**FACULTY MEMBER**

**SCHEDULE:**

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| **ORIGINAL** | | | | **REVISED** | | | |
| *Section* | *Date* | *Time* | *Room/Ward* | *Section* | *Date* | *Time* | *Room/Ward* |
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**REASON(S):**

**Signature of Faculty**

**Approved by:**

**Dean/ Clinical Coordinator**