

CHANGES OF

CLASS REQUEST

FORM

Note:

- All class changes (if approved) can only take place at the start of the week.
- You are required to attend your classes according to your current timetable until we have approved your request.

 **Student details**

Name			
Student ID		Course	

Class schedule details

ELICOS	Your Current Class timetable (Please Tick)	<input type="checkbox"/> Morning	<input type="checkbox"/> Evening	<input type="checkbox"/> Weekend	<input type="checkbox"/> Other _____
	Class you are requesting to change to (please Tick)	<input type="checkbox"/> Morning	<input type="checkbox"/> Evening	<input type="checkbox"/> Weekend	<input type="checkbox"/> Other _____
VET	Your current class timetable	_____	_____	_____	
	Class timetable you are requesting to change to	_____	_____	_____	
Reason for Request to change class					
Student signature		Date	/	/	

For office use only

Received by		Date	/	/		
Approval Granted?	<input type="checkbox"/> Yes	OR				
	<input type="checkbox"/> Student Notified					<input type="checkbox"/> No
	<input type="checkbox"/> Timetable Changed					<input type="checkbox"/> Student Notified
Staff Signature		Date	/	/		