

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"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Weekend	Other
	Class you are requesting to change to (please Tick)	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> Weekend	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"/> No	
	<input type="checkbox"/> Student Notified		<input type="checkbox"/> Student Notified	
	<input type="checkbox"/> Timetable Changed			
Staff Signature			Date	/ /

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