

## Change of Class Request Form

Please fill in the form below and return to reception.

**Note:** All class changes (if approved) can only take place at the start of the week.

**Note:** You are required to attend your classes according to your current timetable until we have approved your request.

| Student Details |  |
|-----------------|--|
| Student 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<br>.....                                                                                                                                                        |
|                                     | Class timetable you are requesting to change to<br>.....                                                                                                                                     |
| Reason for Request to change class: |                                                                                                                                                                                              |
| Student signature:                  | <div></div> <div>Date:</div>                                                                                                                                                                 |

| For office use only |                                                                                                                         |       |                                                                          |
|---------------------|-------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------|
| Received by:        |                                                                                                                         | Date: |                                                                          |
| Approval Granted?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> Student Notified<br><input type="checkbox"/> Timetable Changed | OR    | <input type="checkbox"/> No<br><input type="checkbox"/> Student Notified |
| Staff Signature:    |                                                                                                                         | Date: |                                                                          |

**Note:** Please archive the form in student file.