




CHANGE OF CLASS TIMETABLE REQUEST

Family Name:		Given Name:	
Student ID:		E-mail:	
Contact Number:			

Course Enrolled:	
Current Class:	
Proposed Class:	
Reason(s) for change:	
	
Student Signature: _____	Date: ____ / ____ / ____

OFFICE USE ONLY	
Decision:	<input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Not Approved
Staff Name: _____	
Staff Signature: _____	Date: ____ / ____ / ____
Comments:	