

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		
Training Coordinator Signature: _____ Date: ____/____/____		
Conditions:		