

CHANGE OF CLASS TIMETABLE REQUEST FORM

IMPORTANT INFORMATION:

- The request can only be approved if there are seats available in the proposed class and the student satisfies the appropriate academic level that has been assessed by the Course Coordinator.
- This form must be submitted by the end of the second week of the current term.
- Do <u>NOT</u> start attending the proposed class until your request is approved by the Course Coordinator.
- Students are permitted to make only one request per term.
- Please return this form to Reception, Wells International College.
- If approved, the changes to your class timetable will be effective from the following week (Monday) of the approval. The outcome of your request will be informed either via email or over the phone within 3 working days.

STUDENT DETAILS:

Course Name:			Student ID:			
First Name:			Family Name:			
Contact Number:			Email Address:			
NEW TIMETABLE RE Please indicate the class til considered unless you pro-	metable ch	ange you wish to make	and detail your reason(s)	for this request. You	ur application cannot be	
Course Enrolled:						
Current Class: G	iroup	/ Shift	Proposed Class:	Group	/ Shift	
Reason(s) :						
(Attach a separate page if	there is ins	ufficient space.)				
Student Signature:				Date: //		
OFFICE USE ONLY						
Decision:		O Approved O Approved with Conditions O Not Approved				
Comments / Conditions	:					
Course Coordinator Nan	ne:					
Course Coordinator Signature:				Date:	/ /	