

CHANGE OF CLASS TIMETABLE REQUEST FORM

IMPORTANT INFORMATION:

- The first transfer is FREE, additional transfers will incur \$60/transfer.
- 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 NOT 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 LRHI Reception .
- 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 ID:

Family Name:

STUDENT DETAILS:

Course Name:

First Name:

Contact Number:				Email Address:				
NEW TIMETAE	BLE REQ	UEST	:					
Please indicate the considered unless value that different that different that different that the control of th	you provid	le this in		nd detail your reason((s) for t	his request. Your	application ca	nnot be
Current Class:	Shift: ○ Morning (Mon – Fri: 8.30 – 12.30) ○ Afternoon (Mon – Fri: 12.35-16.35) ○ Evening (Mon – Thu: 16.40-21.40)			Proposed Class:	0 N	Shift:		
Reason(s):								
(Attach a separate page if there is ins			sufficient space.) Date:/					
OFFICE USE ON	LY							
Decision:		O Approved O Approved with Conditions O Not Approved						
Comments / Conditions:								
Course Coordinator Name:								
Course Coordinator Signature:						Date:	/	/

FORM: STD09.002 Change of Class Timetable Request Form

LAST UPDATED: Feb 2024, Version No.1