

## Change of Class/Shift Request Form

This form is to be completed by international students who wish to change their class/ shift. The change of class will be approved based on the availability.

Student Details	
Student Name:	Student ID:
Home Address:	
Suburb:	Postcode:
Telephone:	
Mobile:	Email:

Current Course & Shift Details	
Course Name:	
Start Date :	End Date:
Shift	
Trainer/Assessor	

Proposed Course & Shift Details	
Course Name:	
Start Date :	End Date:
Shift	
Trainer/Assessor	

Reason for Change of Class/Shift Request	
<input type="checkbox"/>	I have read and understood the Southern Academy of Health Sciences's policy and terms and conditions.
Student's Signature:	Date:        /        /

Office Use Only			
	<input type="checkbox"/>	Approved	
	<input type="checkbox"/>	Not Approved	
	<input type="checkbox"/>	System updated	
Comments:			
Approved/Rejected By:			
Staff Name:		Position:	
Signature:		Date	