

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			