

## Student Request to change Timetable Form

DOMESTIC STUDENT     INTERNATIONAL STUDENT

If your contact details have changed since you lodged your application, please provide new details and send it to MCOHB in person at reception or via email to [reception@mcohb.edu.au](mailto:reception@mcohb.edu.au) otherwise we may not be able to contact you with important information.

### Applicant Details

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Family Name (as per enrolment registration): \_\_\_\_\_

Given Name (as per enrolment registration): \_\_\_\_\_

Phone: \_\_\_\_\_ mobile phone: \_\_\_\_\_ student email: \_\_\_\_\_

### What is the reason / circumstance for requesting timetable change?

- |  |  |
|--|--|
| <input type="checkbox"/> Course cancelled or rescheduled by MCOHB (provider default) | <input type="checkbox"/> Suspension granted                  |
| <input type="checkbox"/> Leave of absence granted                                    | <input type="checkbox"/> Family/Personal/Financial Reasons   |
| <input type="checkbox"/> Work reasons  | <input type="checkbox"/> Failure to meet English Requirement |
| <input type="checkbox"/> Domestic Student Withdrawal                                 | <input type="checkbox"/> Medical Reasons                     |

If request is for work reasons student must provide following evidence: current pay slip, letter from employer explaining why their working hours/days have changed.

Other compassionate and compelling circumstances (Please specify): \_\_\_\_\_

Has the course already been commenced?     YES     NO

Course commencement date: \_\_\_\_\_

Current timetable:

Weekday Mon, Tue, Wed (1/2day)

Weekday Wed (1/2day) Thu, Fri

The timetable you wish to change to:

Weekday Mon, Tue, Wed (1/2day)

Weekday Wed (1/2day) Thu, Fri

**Student declaration:**

I understand that completing this form does not guarantee my request will be approved.

I confirm that it is my request to change my timetable. I understand that this will affect my training plan and I will receive a revised training plan if this request is approved.

I declare that the above information is true and correct. I acknowledge that withholding relevant information or providing incorrect information may delay processing of the application.

Student signature:

Date of application:

**Office use: *N.B request MUST be approved by the Director of Studies or their delegate before education agent is notified and submission to the finance dept. for fee re-calculation.***

**Approved:**     YES         NO

Director of Studies/delegate signature:

Date:

Printed Name:

Date request received:

Received by: **(MCOHB staff name)**

MCOHB staff member position:

Finance check and approval:

YES         NO

Date:

Finance staff member name:

Finance staff member position:

SMS updated

YES

NO

Date updated:

Admin officer Name:

Students' education agent notified:

YES

NO

If Yes: Date notified:

Method education agent notified:

Letter

email