

STUDENT REQUEST TO CHANGE GROUP or INTAKE

(NOTE: Please make sure that ALL appropriate fields are filled up properly.
Errors may result to delays or disapproval of your request.)

Student Name			
Student Number		Date of Birth	
Course		Current Intake	
Contact Details		Request Date	

To Compliance Department,

Please indicate the nature of the request (mark the appropriate box):

Change Intake

Current Intake		Proposed Intake Start Date	<input type="checkbox"/> _____
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Change Class Group

Current Group	<input type="checkbox"/> M/T/W 07.00-14.20 <input type="checkbox"/> M/T/W 14.40-22.00 <input type="checkbox"/> T/W/Th 07.00-14.20 <input type="checkbox"/> T/W/Th 14.40-22.00 <input type="checkbox"/> Th/F/S 07.00-14.20 <input type="checkbox"/> Th/F/S 14.40-22.00	Proposed Group	<input type="checkbox"/> M/T/W 07.00-14.20 <input type="checkbox"/> M/T/W 14.40-22.00 <input type="checkbox"/> T/W/Th 07.00-14.20 <input type="checkbox"/> T/W/Th 14.40-22.00 <input type="checkbox"/> Th/F/S 07.00-14.20 <input type="checkbox"/> Th/F/S 14.40-22.00
		Start Date	<input type="checkbox"/> _____

Reason for change:

I UNDERSTAND THAT **\$230** PROCESSING FEES WILL BE CHARGED IF REQUEST HAS BEEN **APPROVED DURING TERM**, \$30 PROCESSING FEES WILL BE CHARGED IF THIS CHANGE APPROVED DURING AIFE HOLIDAY PERIOD.

Student Signature: _____ Received by: _____
For Office Use Only

This request has been	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Comments: _____		
Approved by:		

Pre Checklists

Quality Assurance & Compliance Officer,

Please indicate the nature of the request (mark the appropriate box):

Identification

- Student name & Student ID
- Student Date of Birth

Module

- Check the modules which are delivered to both the groups at the time (same/different)
 - Same Modules
 - Different Modules
 - Comments :
 - Current Modules _____
 - Proposed Modules _____

Room Capacity

- Check the room capacity (refer to timetables), should not exceed
 - Exceed
 - Not Exceed
 - Comments :
 - Current Room Capacity _____ Room No. _____
 - Proposed Room Capacity _____ Room No. _____

Outcome

- Group Change Request Approved
- Group Change Request Rejected

Checked by : _____ Date: _____
(Quality Assurance & Compliance Officer)

Post Checklists

IT Support Officer,

Please indicate the nature of the request (mark the appropriate box):

Group Change Request Approved

- Update the name lists for both groups in server exchange
- Update the attendance sheets for both groups
- Update the result for both groups
- Make a note in student diary about the outcome
- Email to student, cc to
 - Admin Manager
 - Course Coordinator
 - Respective Trainers both previous and new group

Group Change Request Rejected

- Email student about the outcome with reasons
- Make a note in student diary about the outcome

Checked by : _____ (IT Support Officer)	Date: _____
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