

AIS CHANGE OF CLASS REQUEST

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REQUEST:

This form is to be completed by a student who would like to attend a different AIS campus/ class/ day and or time as indicated below for the course that they are currently enrolled in. The student makes this request willingly and it is of their own choice.

AIS will endeavour to meet this request but cannot promise it. It is subject to approval by the VET Academic Manager.

I make this request on the ____/____/____ Student ID is _____

The reason for this request is.....

My name is: _____ (Signature) _____

CURRENT QUALIFICATION			
CURRENT TRAINERS NAME			
CURRENT CLASS NUMBER			
CURRENT CAMPUS	<input type="radio"/> Castlereagh St <input type="radio"/> Liverpool St		
CURRENT TERM AND WEEK NUMBER	<input type="radio"/> Term 1 <input type="radio"/> Term 2 <input type="radio"/> Term 3 <input type="radio"/> Term 4	WEEK Number	
PROPOSED TERM AND WEEK NUMBER	<input type="radio"/> Term 1 <input type="radio"/> Term 2 <input type="radio"/> Term 3 <input type="radio"/> Term 4	WEEK Number	
PROPOSED CLASS NUMBER			
PROPOSED CAMPUS	<input type="radio"/> Castlereagh St <input type="radio"/> Liverpool St		

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Admin Office Use Only:

Approved

Class Changed

RTOManager Updated

VET Admin advised

Attendance roll in Class Folder updated

Staff Member Authorising: _____

Date: ___/___/___