ELICOS SCHEDULE CHANGE REQUEST FORM

Wattle COLLEGE

Personal Details

Family Name :

First Name :

Date Of Birth : Wattle Student ID :

Email Address :

Enrolment Details

Current Timetable ☐ General English (Morning Timetable) ☐ General English (Evening Timetable)

Requested Timetable ☐ General English (Morning Timetable) ☐ General English (Evening Timetable)

Date Of Birth :

Reason for adjustment request:

Supporting Documentation *(If Applicable)*

Declaration Signature

1. I acknowledge requests must be submitted at least 5 working days before the requested.
2. I am aware of the morning/evening timetable schedule before processing of this request.
3. I understand that additional fees are applicable for change of timetable and needs to be paid before processing this application. In case the application is rejected, a refund will be issued according to the applicable refund policy.
4. I understand that completing this form does not guarantee that my request will be approved or that my timetable will be changed.
5. I will continue to attend my current classes until I have received an email from Wattle College notifying me of the result of my timetable adjustment request.

Student Signature :

Student Name :

Date :

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Notes

1. This form must be signed, dated and returned to Student Administration a minimum of 5 working days in advance. The outcomes will be delivered to you within 2-3 working days by email.
2. Privacy Statement: The information is collected for the purpose of assessing your application for a holiday or absence. Wattle College collects, uses and destroys information in accordance with the Privacy Policy.

Official Use Only

Name of Receiving Officer :

Date :

aXcelerate Updated : ☐ Yes	Updated By :	Date Updated :
Admin File Updated : ☐ Yes	Updated By :	Date Updated :
Student Notified : ☐ Yes	Notified By :	Date Updated :

Processed By : Signed : Date Processed :