

Course Change Request

Student ID:		Student Name:	
Course Code:			
Course Name:			

I would like to request to change my course to:

Course Code	Course Name

Please clearly state the reason for this change:

Signed (student):	
Date:	

Please submit this request to the new Course Leader who will be required to authorise your request.

Authorisation (New Course Leader)

I confirm that the above course transfer request is authorised subject to the following conditions.

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Please make the appropriate changes in ASIS.

Signed:	
Role:	Course Leader
Date:	

Should you have any queries, please contact the Student Support Office:

Student Support Office for Computing and Engineering Sparck Jones - Level 1, Room 01 (SJ1/01) Telephone: 01484 472450

Please pass this form to the Computing and Engineering Student Support Office who will retain a copy for the student record and make the appropriate amendments on ASIS.

Dept Office use only					
ASIS updated inc modules (initials):		Any APL passed for SAVP (initials):		Date:	
Copies to:	Student	File	Course Leaders (both courses)		