



MIT
INSTITUTE

Course or Class Change Request Form

Student Information

Student ID: _____

Student Name: _____

Phone Number: _____

Email address: _____

Original Class: _____ Morning Evening

New Class: _____ Morning Evening

To be effective from: _____ Please write down the date

Reason to change: _____

OFFICE USE ONLY

STAMP

I understand that there will be a \$50 charging fee for a course change request when I give less than 2 weeks' notice.

Student Signature: _____ Date: _____

OFFICE USE ONLY

Tick **one** of the followings: Apply changing fee First week student 2 weeks notice given

The Total Amount: \$ _____ Receipt No.: _____

Approved Not Approved Date: _____ DOS Sign: _____

Data Changed Date: _____ Administrator Sign: _____ Email