



MIT
INSTITUTE

Holiday Change Request Form

Student Information

Student ID: _____

Student Name: _____

Phone Number: _____

Email address: _____

Original Holiday: Start date _____ Finish date _____

Proposed New Holiday: Start date _____ Finish date _____

Visa expiry date (if known): _____

Reason to change: _____

OFFICE USE ONLY

STAMP

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

Student Signature: _____ Date: _____

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Tick **one** of the followings: Apply changing fee 2 weeks notice given Fee waived

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

Data Changed Date: _____ Administrator Sign: _____ Email