

Timetable Transfer Request

Evolution Hospitality Institute

RTO # 91256 CRICOS 02869G



Student Name: _____ Student number: _____

Address: _____ Contact number: _____

Course: _____ Course Commencement Date: _____

Current Timetable Group (if known) _____ **Current Trainer (if known)** _____

Reasons for change request- please explain any compelling circumstances

I would like to request to change my timetable to

These days (please tick)

OR

1st preference

- Morning classes afternoon classes
 Monday Tuesday Wednesday Thursday Friday
 Concord Marrickville Rockdale

2nd preference

- Morning classes afternoon classes
 Monday Tuesday Wednesday Thursday Friday
 Concord Marrickville Rockdale

3rd preference

- Morning classes afternoon classes
 Monday Tuesday Wednesday Thursday Friday
 Concord Marrickville Rockdale

An existing timetable code _____

Please explain your preferences here

Declaration

I understand that timetabling involves many factors including but not limited to class numbers, kitchen availability, and training facilities. Requests will be considered on a first-in first-served basis.

My request will be taken into consideration and every effort made to accommodate my needs, especially if I have compelling circumstances (Requests for change to accommodate employment hours will be considered but are not considered compelling circumstances), but no guarantee can be made that my request will be possible and/or approved.

I also understand that the normal fee refund policy applies and it is a condition of my enrolment that I understand these issues.

Student Signature: _____

Date: _____