

## REQUEST FOR CHANGE OF CLASS

Please complete the form & submit it to our Student Services Office

PERMANENT Change of Class       TEMPORARY Change of Class

### SECTION A

Student's Name (as in NRIC / Student Pass):		Student ID No.:
Course/s:	Contact No.:	Email Address:
Module/Unit:	Lecturer's Name:	

### PERMANENT CHANGE - FOR THIS UNIT

Requesting Change From		REQUESTING CHANGE TO	
Day of Class:	Time of Lesson:	Day of Class:	Time of Lesson:

### TEMPORARY CHANGE

Requesting Change From		REQUESTING CHANGE TO	
Date of Lesson:	Time of Lesson:	Date of Lesson:	Time of Lesson:

Reason for Request:

- NS In-Camp Training     
  Overseas Posting     
  Compassionate Reason     
  Medical Reason (attach MC)  
 Others (please specify):

Supporting Document/s Attached:

I understand that (a) this request will be considered solely on the basis of the information above and the documents provided, (b) the result of this request is final, and that (c) I agreed to bear all consequences resulting from this change.

I am aware that if I attend a particular lesson/class which I am not scheduled for without approval from SMA Institute, I may be asked to leave the lesson/class and/or lesson handouts may not be issued to me. SMA Institute will not be responsible over any miss out of lessons by student nor compensate me under such circumstances.

I understand the request is not automatically granted and it is my responsibility to follow up with SMA Institute on the status of the request. Please process this (my) request.

Student's Signature:

Date:

### FOR OFFICIAL USE ONLY

### SECTION B

Request Received By:  (Name & Signature)	Request Approved By:  (Name & Signature)	Request Noted/Arranged By (Facilities):  (Name & Signature)
Remarks for Request (if any):		
Request Processed & Student Notified By:  (Name & Signature)	Record of Processing:	

Please return this Form to the Student Services for filing when process is completed