

Request for Change of Session (ELICOS)

Date _____/_____/_____

Personal Details

Title: Dr/Mr/Mrs/Ms/Miss/Other:

First Name(s):

Email:

Current Address:

Student Number (ID):

Last Name:

Contact Number:

Current class _____

New class _____

Student declaration

I (full name) _____ request for a change of session of my current course from
 Morning / Evening to Morning/ Evening as from _____/_____/_____.

 Signature

_____/_____/_____
 Date

CTIC Office use only

 Name of officer

 Signature