



Student ID No: _____ Full name: _____

Reply required: YES / NO URGENT REPLY REQUIRED BY: _____

REQUEST/CHANGE OF BREAK
Previous dates: _____ to _____ / New dates: _____ to _____ Reason: _____ _____ _____ _____
<input type="checkbox"/> <i>I agree to pay the fee involved (if applicable)</i> <input type="checkbox"/> <i>I want to add ____ weeks in the end of my course (if applicable)</i>
Signature: _____ Date: _____

OFFICE USE ONLY
Involves FEE? YES / NO IF YES: paid by CASH / CARD / BANK TRANSFER on: _____
Any documents attached? YES / NO IF YES: FLIGHT TICKETS / MEDICALS / _____

Date	Action	Signature