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## **CHANGE OF CLASS TIMETABLE REQUEST**

Family Name:		Given	Name:
Student ID:		E-mai	:
Contact Numb	er:		
	-		
Course Enrolle			
Current Class:			
Proposed Clas	s:		
Reason(s) for o	change:		
Student Signature:/ Date://			e://
		····	
OFFICE USE ONLY			
[			
Decision:	Approved	Approved with Conditions	Not Approved
Training Coordinator Signature:			Date: //
			Juloi //
Conditions:			

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