## Course Change Request Form

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THE COLLEGE OF BUSINESS MANAGEMENT					
THE STATE OF THE S					

STUDENT DETAILS								
First Name:								
Last Name:								
Date of Birth:			Stude	ent ID				
Course(s) that you are currently enrolled and want to withdraw								
Course 1								
Course 2								
Course 3								
Course 4								
Course(s) that you want to enrol								
Course 1								
Course 2								
Course 3								
Course 4								
Proposed Start Date of the 1st Course that you want to enrol:								
Reason for Change								
Student Signature: Date:								
Office Use Only								
Remarks								
Is the change Appr	s the change Approved? Yes / No Approved Staff Name							
Is the new offer created?		Yes / No / NA	Is the new Acceptance signed?		Yes / No / NA			
Is the changes upda	ated on SMS?	Yes / No / NA						
Is the changes updated PRISMS?	ated in	Yes / No / NA	Is the outcome communicated to the student?  Yes / No					
Processing staff			Signature		Date			