Course Variation Form

Student Name: _______________________      Student Number: ____________________

Current Course: ____________________________________________________________

Current Class Group: ________________________________________________________

I am requesting transfer to:

New Course: ________________________________________________________________

Reason for requested change:

__________________________________________________________________________

__________________________________________________________________________

PLEASE CHECK YOUR ANIBT STUDENT EMAIL ADDRESS FOR THE OUTCOME OF YOUR REQUEST. ANIBT
WILL NOT RING YOU OR SEND YOU TEXT MESSAGES ON YOUR MOBILE PHONE.

Student Signature __________________________ Date: ___________

ANIBT OFFICE USE ONLY

Comments by Finance:

__________________________________________________________________________

__________________________________________________________________________

Signature: __________________________ Date: __________

Transfer date: __________________________ Allocated class group: __________________________

New anticipated course end date:

__________________________________________________________________________

□ Approved □ Not Approved Signature: __________________________ Date: __________

Student Services:

□ Extended Fee Payment □ Class Allocation □ Attendance Roll

□ CoE □ Dbase □ Others

Signature: __________________________ Date: __________