

# Change of Course Date Form



SEVERN  
BUSINESS  
COLLEGE

## PART A: TO BE COMPLETED BY THE STUDENT

All fields must be filled out for a successful submission

Title <i>(Please circle)</i>	Mr    Miss    Ms    Mrs	Student Number	
First Name		Family Name	
Date of Birth	____/____/____	Phone Number	
Email			
Address			

## PART B1: Course and OLD Start Date

Course Name	Old Start Date
	____/____/____

## PART B2: Course and NEW Start Date

Course Name	New Start Date
	____/____/____

## PART C1: Course and OLD End Date

Course Name	Old End Date
	____/____/____

## PART C2: Course and NEW End Date

Course Name	New End Date
	____/____/____

## PART D: Reason for change of course date

## PART E: DECLARATION

I accept that the fees for my course may differ from the original fees paid and that the additional fees must be paid.

I accept that the course structure of the course may change.

Signature		Date	____/____/____
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PLEASE COMPLETE THIS FORM AND RETURN TO: [admission@severnbusinesscollege.com](mailto:admission@severnbusinesscollege.com)