SEVERN BUSINESS COLLEGE

Change of Course Form

STUDENT Student Details

Title	☐ Mr ☐ Miss ☐ Ms ☐ Mrs	**Student Number**	
First Name		**Family Name**	
Date of Birth	DD / MM / YYYY	**Phone Number**	
Email			
Address			

Title: please tick the box that applies.

A1 OLD Course and OLD Start Date

Old Course Name		**Old Start Date**	DD / MM / YYYY

A2 OLD Course and OLD End Date

OLD Course Name		**OLD End Date**	DD / MM / YYYY

B1 NEW Course and NEW Start Date

NEW Course Name		**NEW Start Date**	DD / MM / YYYY

B2 NEW Course and NEW End Date

NEW Course Name		**NEW End Date**	DD / MM / YYYY

C Reason for Change of the Course

D Declaration

1	I understand that requests to change courses are generally only permitted during the initial stages of the academic program. I acknowledge that course changes are subject to institutional approval and may not be permitted in all circumstances.
2	I accept full responsibility for paying any difference in fees if the new course is more expensive than my original course. I understand that no refund will be issued if the fees for the new course are lower than those of my original course.

Signature		**Date**	DD / MM / YYYY

PLEASE COMPLETE THIS FORM AND RETURN TO: **admission@severnbusinesscollege.com**