



SEVERN
BUSINESS
COLLEGE

Change of Course Form

(Please complete in BLOCK CAPITALS)

Student Details											
Student Reference Number:											
Student Full Name:											
Student Contact Number:											
Student Email:											
Course Details											
Current Course Name:											
New Course Name:											
New Course Start Date:											
Student Signature:	Date										
	<table border="1"><tr><td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D		M	M		Y	Y	Y	Y
D	D		M	M		Y	Y	Y	Y		
Registrar Signature:	Date										
	<table border="1"><tr><td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D		M	M		Y	Y	Y	Y
D	D		M	M		Y	Y	Y	Y		
Official Use Only (updated by):	Date										
	<table border="1"><tr><td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D		M	M		Y	Y	Y	Y
D	D		M	M		Y	Y	Y	Y		

Please note: All fees are non-refundable and non-transferable.