



**Course Change Form**

If you wish to change your course within Metro College, please provide the details below.

<b>Name:</b> .....
<b>Metro ID:</b> .....
<b>Date of Birth:</b> .....
<b>Address:</b> .....
.....
..... <b>PostCode:</b> .....
<b>Telephone:</b> .....
<b>Course:</b> .....
<b>Course Duration:</b> ..... <b>Campus:</b> .....
<b>Requested Course:</b> .....

Signed.....

Date.....

----->>FOR OFFICE USE ONLY<<-----

**Comments:**

Administrator: ..... Signed: ..... Date: .....

Authorising Officer: ..... Signed: ..... Date: .....