

Request for Delay / Early to Start Date of Course

Request for: Early to sta	art date of course	☐ Delay to start date of course
Student Information		
First Name:	Fan	nily Name:
Date of Birth:	Enrolled Cou	rse:
Course Original Start Date:	N	lew Start Date:
Reasons for Delay / Early to star	rt date of your course (with evidence to support your reasons):
Student Signature:		Date:
	Office Use O	<u>nly</u>
Student Centre		
Decision: Approved	□ Declined	
New Start Date:		<u> </u>
□ Student notified verbally /□ Database edited		
□ New Attendance Registe	er created	
Received by:	Signature:	Date: