

ACADEMIC TIMETABLE CHANGE REQUEST

Student Number _____ Name _____

Program _____

Complete the section below by indicating your current and requested timetable.

Note that the last day to submit the Academic Timetable Change Request form is **Wednesday of Week 1**.

CURRENT Timetable			REQUESTED Timetable	
Subject Code	Lecture/ Tutorial/ Workshop (e.g. LEC1, TUT2, WKS3)	Day and Time	Lecture/ Tutorial/ Workshop (e.g. LEC1, TUT2, WKS3)	Day and Time

Reason for adjustment request:

(Note: Request will be declined if reason is not specified).

- I certify that the information supplied on this form is complete and correct
- I understand that completing this form does not guarantee that my request will be approved or that my timetable will be changed
- I understand that UTS Insearch may allocate me to an alternate class if my requested class has already reached maximum capacity. This means that ALL, if not, some of my other classes may also change without prior notice
- I understand that I cannot revert to my original timetable once changes are made
- I will continue to attend my current classes until I have received an email from UTS Insearch notifying me of the result of my timetable adjustment request

By entering your full name below, you understood and agreed to the above terms and conditions

Student Full Name: _____ Date: _____