

Streaming Change Application

Student Details

Name:

Student ID:

Contact Email:

Date submitted:

PAPER CODE:

Current lab or lecture stream (if known):

Reason for streaming change request:

Please include any copies of supporting documentation that you have, such as letters from employers, medical certificates etc., as required by the course coordinator.

Internal use only			
Action taken:			
Approved by:			
Signed:		Date:	