



Australian National Institute of Business and Technology

CRICOS: 02056B RTO: 21368

Change of Class Form

Date: _____ Student Number: _____

Student Name: _____

Course: _____

Current class: _____

Requested class: _____

Reason for change of class: _____

Student Signature

Date

Please submit this form to ANIBT Reception, located on Level 7, 474 Flinders Street, Melbourne VIC 3000, Australia. Please note: you cannot change class until this form has been authorized by the Student Services Coordinator and the Director of Studies. If you do not attend your allocated classes, you will be marked absent and your attendance percentage will be affected.

ANIBT OFFICE USE ONLY

Director of Studies

Approved

Not Approved

Class Allocation: _____

Comments: _____

Signature: _____

Date: _____

Student Services

Database

Outstanding Fees

Student informed

Attendance Roll

Program Manager/
Coordinator informed

Comments: _____

Signature: _____

Date: _____