

E-mail: studentservices@aquinascollege.ca

WEB: https://aquinascollege.ca/ 400C – Horton Rd SW, Calgary, AB

CHANGE OF SCHEDULE REQUEST FORM

I.	Student Information	

Last Name	First name	Student Number

II. Academic Information

Program Name	Program Start Date	Program End Date

III. Schedule Change Request

	AM	PM	WE
FROM			
ТО			
START DATE			

IV. Applicant Signature for Agreement

Signature	Date

V. Office Use

Approved By	