

Request for a CHANGE OF TUTORIAL TIME

This form **MUST** be used if you have been unsuccessful in selecting your preferred tutorial time on Oasis by the closing date. The Faculty of Education understands that many students have commitments outside of University and will endeavour to accommodate your preferred tutorial times. As there is limited space in tutorials, there is no guarantee that your preferred time for tutorial will be available.

PERSONAL AND UNIT INFORMATION

| | | | |
|--|--|--|--|
| FAMILY NAME | | STUDENT ID NUMBER | |
| <input style="width:100%;" type="text"/> | | <input style="width:100%;" type="text"/> | |
| GIVEN NAMES | | TITLE | DATE OF BIRTH |
| <input style="width:100%;" type="text"/> | | MR/MRS/MS/MISS | <input style="width:100%;" type="text" value="/ /19"/> |
| LTU EMAIL ADDRESS | | | |
| <input style="width:100%;" type="text"/> | | | |
| UNIT CODE | UNIT TITLE | | |
| <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | | |
| CURRENT OASIS SESSION | | | |
| | DAY | TIME | ROOM |
| | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> |
| PREFERRED TIME FOR TUTORIAL | | | |
| | DAY | TIME | |
| 1ST PREFERENCE | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | Please note : Due to space retrictions you may not receive your first preference. Please ensure additional preferences are nominated. If there is only one preference nominated, and space is not available you will not be moved. |
| 2nd PREFERENCE | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | |
| 3rd PREFERENCE | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | |

REASON FOR THE CHANGE

Change requests will be made on a highest priority to lowest priority basis. Medical considerations and legitimate timetable clashes will receive the highest priority. Family commitments will receive second priority, work commitments and travel time problems will have the lowest priority.

| REASON | PRIORITY | SUPPORTING INFORMATION REQUIRED |
|--|----------|---|
| <input type="checkbox"/> Unavoidable timetable clash | 1 | Please attach a copy of your timetable to indicate the clash. |
| <input type="checkbox"/> Medical considerations | 1 | Please attach or provide supporting Medical documentation. |
| <input type="checkbox"/> Family Commitments | 2 | Please provide supporting documentation. |
| <input type="checkbox"/> Work Commitments | 3 | Please have your employer complete/sign the section on the next page stating you are unable to change your work |
| <input type="checkbox"/> Travel Time Problems | 3 | Please provide supporting information to support this claim in the space provide on the next page |

