

MANDEVILLE CONSERVATORY OF MUSIC PTE LTD

REQUEST FOR CHANGE

Student Name: _____

Course: _____

Teacher Name: _____

Date: _____

Change of Course Day & Time

Effective (Date): _____

From: _____ (day)
_____ - _____ (time)

To: _____ (day)
_____ - _____ (time)

Change of Lesson's Duration

Effective (Date): _____

From: _____ (day)
_____ - _____ (time)
_____ - _____ (duration)

To: _____ (day)
_____ - _____ (time)
_____ - _____ (duration)

Change of Teacher

Effective (Date): _____

From: _____ (new teacher)

To: _____ (day)
_____ - _____ (time)

Change of No. of lesson

Effective (Date): _____

4 x individual _____ (duration)

To: _____ (day)

2 x _____ (duration)

_____ - _____ (time)

Requested By:

Agreed by:

Signature of Parent / Guardian / Student

_____/_____
(previous) (new)
Signature of Teacher

Schedule Updated By:

Signature of Staff

- Update Acctron
- Update Booking
- Inform Teachers
- Update Schedule
- Update Student Card