

APPLICATION FOR CHANGE IN PREP SCHEDULE

Students submitting this application should ensure they have read and understood CPLLED's policies. This form should be used to request a change in a PREP student's schedule due to extenuating circumstances.

Student Information	
Last Name	First Name
Email	Phone
Request	
I request to change my schedule as follows:	
I am requesting a change in schedule for the PREP phase(s) indicated below:	
<input type="checkbox"/> <i>Foundation Modules</i> <input type="checkbox"/> <i>Foundation Workshops</i> <input type="checkbox"/> <i>Virtual Firm</i> <input type="checkbox"/> <i>Capstone Assessment</i>	
Reason for Change in Registration	Supporting Documentation
I request permission for a change in registration for the following reasons:	I am providing the following documentation in support:
Additional Information (attach a separate sheet if required):	

I confirm that I have read and understood the requirements of this form and any relevant CPLLED policies. I affirm that all the information and documentation provided in support of this application are accurate and true. I understand the CPLLED may request further information and documentation from me in support of my application. For purposes of verifying authenticity, I authorize CPLLED to contact anyone who provided documentation submitted in support of this application, including but not limited to medical documentation.

Student Signature	Date [YYYY-MM-DD]
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