



CHANGE TO PREFERENCES

OFFICE USE:
Date received: _____
Received by: _____

Use this form if you wish to change your preferences for admission to courses at Christian Heritage College.

*Please return the completed form to the CHC Reception
(NB: The date of advice is the date on which this form is received by the College).*

PLEASE PRINT CLEARLY

Name: _____

Address: _____

Postcode: _____ Email: _____

Phone: _____ Mobile: _____

My original preferences noted on my Application for Admission Form were for the following courses:

1: Course Name: _____	Course Code: _____
2: Course Name: _____	Course Code: _____
3: Course Name: _____	Course Code: _____

I wish to change my preferences to the following courses:

1: Course Name: _____	Course Code: _____
2: Course Name: _____	Course Code: _____
3: Course Name: _____	Course Code: _____

I understand that consideration for these preferences changes may not be possible if first round selection has occurred.

Signature: _____ Date: ____/____/____

OFFICE USE ONLY	1. STUDENT ADMIN: Date ____/____/____	Initials _____
	2. REGISTRAR: Date ____/____/____	Initials _____