

Student name: _____

Course : _____ Request date : _____

Private class slot

Please check your preferred times of study:

Weekends (Saturday - Sunday)

	How many hours per day?		
	1 hour	1.5 hours	2 hours
Slot one	<input type="checkbox"/> 08.15-09.15	<input type="checkbox"/> 08.15-09.45	<input type="checkbox"/> 08.15-10.15
	<input type="checkbox"/> 09.15-10.15	<input type="checkbox"/> 08.45-10.15	
Slot two	<input type="checkbox"/> 10.30-11.30	<input type="checkbox"/> 10.30-12.00	<input type="checkbox"/> 10.30-12.30
	<input type="checkbox"/> 11.30-12.30	<input type="checkbox"/> 11.00-12.30	
Slot three	<input type="checkbox"/> 13.00-14.00	<input type="checkbox"/> 13.00-14.30	<input type="checkbox"/> 13.00-15.00
	<input type="checkbox"/> 14.00-15.00	<input type="checkbox"/> 13.30-15.00	
Slot four	<input type="checkbox"/> 15.15-16.15	<input type="checkbox"/> 15.15-16.45	<input type="checkbox"/> 15.15-17.15
	<input type="checkbox"/> 16.15-17.15	<input type="checkbox"/> 15.45-17.15	

**** For Staff ****

1st choice _____ asked by _____
(receptionist)

Remark: _____

2nd choice _____ asked by _____
(receptionist)

Remark: _____

3rd choice _____ asked by _____
(receptionist)

Remark: _____

Update : 29th August 2019

