



Course Amendment Form

Please complete all relevant fields and return amendments immediately on day of known changes.

Current Details Held by Skills South Tyneside							
Provider Name				Course Code			
Course Title							
Venue				Schedule No.			
Tutor Name				Start Date			
Delivery Model	Classroom	Online	Remote	Start Time			
Day (s) of week	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Amendments – Tick Relevant Boxes					
Venue <input type="checkbox"/>	Day <input type="checkbox"/>	Time <input type="checkbox"/>	Tutor <input type="checkbox"/>	Delivery Model <input type="checkbox"/>	Other <input type="checkbox"/>
Give Details					
New End Date (if there is one)					

Changes to Dates	
Dates of Cancelled Session(s)	
Dates of Additional Session(s)	

Course Cancelled – Tick Relevant Boxes			
No Students <input type="checkbox"/>	No Tutor <input type="checkbox"/>	Low Enrolments <input type="checkbox"/>	Other <input type="checkbox"/>
Give Details			

Provider Declaration – please sign to confirm information is correct			
Sign Date			