

Student Name: _____

Course : _____ Request date : _____

Private class slot

Please check your preferred times of study:

Weekdays (Monday - Friday)

	How many hours per day?		
	1 hour	1.5 hours	2 hours
Slot one	<input type="checkbox"/> 09.00-10.00	<input type="checkbox"/> 09.00-10.30	<input type="checkbox"/> 09.00-11.00
	<input type="checkbox"/> 10.00-11.00	<input type="checkbox"/> 09.30-11.00	
Slot two	<input type="checkbox"/> 11.15-12.15		
*Slot three	<input type="checkbox"/> 13.15-14.15	<input type="checkbox"/> 13.15-14.45	<input type="checkbox"/> 13.15-15.15
	<input type="checkbox"/> 14.15-15.15	<input type="checkbox"/> 13.45-15.15	
Slot four	<input type="checkbox"/> 15.30-16.30	<input type="checkbox"/> 15.30-17.00	<input type="checkbox"/> 15.30-17.30
	<input type="checkbox"/> 16.30-17.30	<input type="checkbox"/> 15.45-17.15	
Slot five	<input type="checkbox"/> 17.45-18.45	<input type="checkbox"/> 17.45-19.15	<input type="checkbox"/> 17.30-19.30
	<input type="checkbox"/> 18.45-19.45	<input type="checkbox"/> 18.00-19.30	

**** For Staff ****

1st choice _____ asked by _____
(receptionist)

Remark: _____

2nd choice _____ asked by _____
(receptionist)

Remark: _____

3rd choice _____ asked by _____
(receptionist)

Remark: _____

