



REQUEST FOR COURSE VARIATION FORM

To be filled out and tick (v) the options by the Student and submitted to the Administration Department

Student Name:	Student ID Number:
Address:	
Current Course:	
Email:	Telephone/ mobile:
Change of course <input type="checkbox"/> New course 1: _____ <input type="checkbox"/> New course 2: _____ <input type="checkbox"/> New course 3: _____	
<input type="checkbox"/> Re-enrol inactive student to: Course: _____ New Start Date: _____	
<input type="checkbox"/> Change/ Defer of commencement date Current Start Date: _____ New Start Date: _____	
Describe the reasons of change variation:	
Evidence to support your application (medical certificate and letters or other information):	
Course Variation Policy: Important Information <ul style="list-style-type: none"> • You must submit your request in writing • Requests for deferral must be submitted in advance for processing before the course expiry date. • You must be up to date with course fees at the time of the request. • If your request is successful, you will be required to pay an administration fee of \$150 and course tuition fees (if applicable). • Changes that affect your student visa will require a new letter of offer and agreement and a change to theCoE. • Allow 3 working days for new CoE(s) to be issued and please check the website for applicable fees. 	
Declaration I have read and accept the course variation conditions and declare that the information I have provided is correct and complete. I understand that any course variation must comply with the terms and conditions.	
Student's Signature:	Date:

For office use only

Student Services/Admissions	Accounts	PEO/Academic Manager	Admissions	Student Services
Received by:	Payment details: Payment required:	APPROVED / NOT APPROVED Signed: Date:	<input type="checkbox"/> COE issued/amended Signed: _____ date: _____ <input type="checkbox"/> Database entered	<input type="checkbox"/> Update database <input type="checkbox"/> Timetable
Notes:	Signed:	<input type="checkbox"/> Timetable, details: Signed: _____ Date: _____	<input type="checkbox"/> Send message to student/agent Signed: _____ date: _____	Signed: Date:
Date:	Date:			