



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 New course 1: _____ Course Start Date: _____ New course 2: _____ Course Start Date: _____ New course 3: _____ Course Start Date: _____	
Re-enrol inactive student to: Course: _____ New Start Date: _____	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 Informa: <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 \$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 the CoE. 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:	[] COE issued/amended Signed: date: [] Database entered	[] Update database [] Timetable
Notes:	Signed:	[] Timetable, details:	[] Send message to student/agent Signed: date:	Signed:
Date:	Date:	Signed: Date:		Date: