REQUEST FOR COURSE VARIATION FORM

To be filled out and tick (√) 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:
course 2:	Course Start Date:

☐ **Re-enrol inactive student to:**	☐ **Change/ Defer of commencement date**
Course:	Current Start Date:
New 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

- 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 ☐ Send message to student/agent Signed: date:	☐ Update database ☐ Timetabled
Notes: Date:	Signed: Date:	☐ Timetable, details: Signed: Date:		Signed: Date: