

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:					
Add	ress:									
Curr	ent Course:									
Email:					Telephone/ mobile:					
	Change of course New course 1: New course 2:					rse Start Date: rse Start Date:				
	New course 3:			(Course Start Date:					
	Re-enrol inactive student to: Course: New Start Date:			(Current	nange/ Defer of commencement date urrent Start Date: ew Start Date:				
Des	cribe the reasons of o	change variation:								
Evid	ence to support you	r application (medica	l certificate and let	tters o	other	information)	:			
	 You must submit y Requests for deference You must be up to If your request is s Changes that afference Allow 3 working 	Important Information your request in writing a real must be submitted and a date with course fees a successful, you will be rect your student visa will adays for new CoE(s)	in advance for proces at the time of the reque equired to pay an adn require a new letter of to be issued and ple	uest. ninistra of offer ease ch	tion fee and agr eck the	\$150 and cour reement and a website for	rse tuition fee change to the applicable fe	e CoE. ees.		
		ind accept the course						ive provided is corre	ect and	
	•	hat any course variati	on must comply wi	th the	terms a	ınd condition	.S.			
Stuc	lent's Signature:					Date:				
For o	office use only									
S	Student ervices/Admissions	Accounts	PEO/Academic	c Mana	ger	Admi	issions	Student Servi	ices	
Received by:		Payment details: Payment required:	APPROVED / NOT A Signed: Date:	APPRO	S	☐ COE issued/amended Signed: date: ☐ Database entered		☐ Update databas ☐ Timetable	;e	
Notes: Date:		Signed: Date:	☐ Timetable, deta	ails: Date:	s	☐ Send message to student/agent Signed: date:		Signed: Date:		