

REQUEST FOR COURSE VARIATION FORM

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

	Canada and 10
Student Name:	Student ID Number:
	Turnser.
Address:	
Current Course:	
	Telephone/
Email:	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:	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 a	nd letters or other information):
Course Variation Policy: Important Informa You must submit your request in writing Requests for deferral must be submitted in advance for pro You must be up to date with course fees at the time of the	
 If your request is successful, you will be required to pay an Changes that affect your student visa will require a new let Allow 3 working days for new CoE(s) to be issued and 	
Declaration I have read and accept the course variation conprovided is correct and complete. I understand that any couconditions.	
Student's Signature:	Date:

For office use only

Student Services/Admissions	Accounts	PEO/Academic Manager	Admissions	Student Services
Received by:	Payment required:	APPROVED / NOT APPROVED Signed: Date:	[]COE issued/amended Signed: date: []Database entered	[]Update database []Timetable
Notes: Date:	Signed: Date:		student/agent Signed: date:	Signed: Date: