



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	
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		Current 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 \$250 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:	Approved/Not Approved Signed	COE issued/amended Signed:	Update Database
	Payment Required:	Date:	Date:	Timetable
Notes:	Signed:	Timetable, details:	Database entered:	Signed:
Date:	Date:	Signed	Send message to student / agent	Date:
		Date:	Signed:	
			Date:	