



Educating for Excellence

Australian Ideal College

Registered as Australian Ideal College Pty Ltd
RTO No.: 91679 | CRICOS Provider Code: 03053G
Sydney Campus: Level 7 & 8, 75 King Street, Sydney NSW 2000 Australia
Adelaide Campus: Level 3, 21-23 Rundle Mall, Adelaide SA 5000 Australia
Hobart Campus: GRD Floor, 116 Murray Street, Hobart TAS 7000 Australia
T: +61-2-9262 2968 (Sydney) | +61-8-8123 5780 (Adelaide) | +61-3-6231 2141 (Hobart)
E: info@aic.edu.au | W: www.aic.edu.au

Course Variation Request Form

Family Name _____ Given names _____

Student ID _____ Email _____

PART A: COURSE DETAILS

General English	Certificate III in Business Administration
English for Academic Purposes	Certificate IV in Business Administration
Certificate III in Accounting and Bookkeeping	Diploma of Leadership and Management
Certificate IV in Accounting	Advanced Diploma of Leadership and Management
Diploma of Accountng	Diploma of Interpreting
Advanced Diploma of Accountng	Advanced Diploma of Translating
Current Course _____	Start Date: _____

PART B: COURSE VARIATION DETAILS (subject to college approval)

Transfer from _____
(name of the course currently enrolled)

To _____
(name of the new course)

Change/Defer my course from _____ to _____
(original course start date/finish date) (new course start date/finish date)

Extend my course from _____ to _____
(original date) (new date)

Withdraw from my course on (date) _____

Other _____

Briefly describe the reasons _____

Supporting documents provided _____

Student Signature _____ Date _____

NOTE: The college will notify the Department of Education on PRISMS for student's course deferral/withdrawal. This action automatically alerts DHA. DHA has the discretionary power to cancel a student visa if the college defers or suspends the studies of a student visa holder because of the basis of fraudulent/misleading evidence relating to the deferral, or reasons other than genuine compassionate or compelling circumstances or if these circumstances have ceased to exist.

AIC OFFICE USE ONLY:

Received by _____ (Staff Name) Date _____

Fees Owing to AIC: \$ _____ Paid _____ Not Paid _____

Outcome: Approved _____ Refused _____

Comment: _____

Signature of Director of Studies _____ Date _____