

CHANGE OF COURSE APPLICATION FOR CHANGE OF COURSE

PERSONAL DETAILS *(This section must be completed in full)*

FAMILY NAME:	GIVEN NAME:
MIDDLE NAME:	DATE OF BIRTH:
MAILING ADDRESS: (Street) (State)	(City) (Postcode)
PHONE NUMBER: (WORK)	(HOME)
MOBILE NUMBER:	(FAX)
EMAIL ADDRESS:	

COURSE DETAILS

CURRENT COURSE:
NEW COURSE:
RECOGNITION FOR PRIOR LEARNING: <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMENTS:

Applicant's Signature:

Date:

Approved by,

Name:

Position: