

ABN: 82 138 825 224

RTO No: 91746 CRICOS Provider: 03248G Level 5&7, 140 Elizabeth Street Sydney NSW 2000

Ph: 02 9299 8766

Email: admin@sibn.nsw.edu.au

Web: www.sibn.nsw.edu.au

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: □ YES	□ NO
COMMENTS:	
Applicant's Signature:	Date:
Approved by,	
Name:	
Position:	