

COURSE CHANGE REQUEST FORM

Please Note: Applications for course change cannot take effect during a Term. Allow for 3 working days for processing.

Student Name:	Student No:	Date: / /
Student Email:	Mobile:	
Student Address:		
Postcode:		

Original COE (original information)

Course Name:	Course Code:	
Course Start Date:	End Date:	
Class No:		

Proposed New Course: (please tick)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start Date	End Date	Start Date
		End Date
		Start Date
		End Date

Are you wishing to extend your Visa duration to complete this? (Please indicate) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please indicate how you wish to undertake the additional training.	
<input type="checkbox"/> Change of Course <input type="checkbox"/> Change of Course and Pathway <input type="checkbox"/> Changes against Training Package Requirements includes Entry Requirements.	
Reason for change of course:	
Student Signature:	Date:

OFFICE USE ONLY	
New Course Start Date:	New Course End Date:
Instructions: A student must complete a Suspension Form where reason of change is impacted by training package rules	
Finance Use:	
Outline new fee structure COE Fee: \$	
Other Fees: \$	
Reviewed and Approved by:	
Administration Manager: _____ Date: ____/____/____	
Final Review & decision by Student Administration Manager <input type="checkbox"/> Yes <input type="checkbox"/> No (If not why?)	
Feedback of Decision:	
Signature – Student Administration Manager	
Date: ____/____/____	