

REQUEST FOR COURSE VARIATION, COURSE CHANGE FORM

To be filled out by the Participant and submitted to the Administration Department

Participant Name:		Participant ID Number:	
Address:			
Course:			
Telephone/ mobile:		Email:	
Defer commencement date for course	<input type="checkbox"/>	Special leave from the course	<input type="checkbox"/>
Change course at the College	<input type="checkbox"/>	Deferral - Extension of dates for course duration	<input type="checkbox"/>
Change in timetable/schedule for course	<input type="checkbox"/>	Re-enrol inactive student to course	<input type="checkbox"/>
Extension or special leave request is for:			
Start Date:		End Date:	
Describe why you are asking for this change or variation:			
Evidence to support your application (medical certificate and letters or other information)			
Course Variation, Course Change Policy: Important Information			
<ul style="list-style-type: none"> You must submit your request in writing A fee of \$250 is payable along with the completed form to change of course or course variation Credit card processing fee of 2.5% is applicable Requests for special leave must be 14 days before the leave start date unless compassionate circumstances. Requests for deferral or extension must be submitted in advance for processing before the course expiry date. A maximum of four months' extension is allowed and the College reserves the right to refuse an application for extension. 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 and course tuition fees (if applicable) You must stay in touch by email or phone and re-commence the course at the end of the extension. If you do not re-commence it is deemed a cancellation of the course according to the terms and conditions. Changes that affect your student visa will require a new letter of offer and agreement and a change to the CoE 			
Declaration			
I have read and accept the course extension conditions and declare that the information I have provided is correct and complete.			
I understand that any course extension must comply with the terms and conditions.			
Participant Signature:		Date:	

I would like to pay the fee by Cheque Money Order Visa MasterCard

Card Number Expiry /

Cardholder Name: (please print) _____ Amount \$ _____

Cardholder Signature _____

For Office Use Only

Name correct	ID correct	Date received	APPROVED	NOT APPROVED
Course Expiry Date	Fee status	Decision		
Database updated	Notes entered	Initials		