

REQUEST FOR COURSE VARIATION FORM

To be filled out and tick ($\sqrt{}$) the options by the Student and submitted to the Administration Department

Student Name	Student ID
Address	
Current Course	
Email	Tel / Mobile

Change of Course			
New Course 1		Course Start Date	
New Course 2		Course Start Date	
New Course 3		Course Start Date	

Re-enrol inacti	ve Student to	Chang	e/ Defer of Commencement Date
Course		Current Star	t Date
New Start Date		New Start D	ate
Describe the reasons	of change variation:		
Evidence to support	your application (medical certificate a	nd letters or oth	er information):
	cy: Important Information		
• You must submit you			
	must be submitted in advance for proces	-	course expiry date.
	te with course fees at the time of the req		
			250 and course tuition fees (if applicable).
	 Changes that affect your student visa will require a new letter of offer and agreement and a change to the CoE 		
Allow 3 working days	s for new CoE(s) to be issued and please c	heck the website	for applicable fees
Declaration I have read and accept the course variation conditions and declare that the information I have provided is correctand complete. I understand that any course variation must comply with the terms and conditions.			
Student's Signature		Date	



Student Services/Admissions		
Received by		
Notes		
Update Database		
Time Table		
Sign & Date		

Accounts Team			
Amount	Due Date	Course	Remarks
Sign & Date			·

Course Variation Fee	Applicable	Non-Applicable

Reason if non-applicable:

Marketing Team		
Special Notes		
Timetable, Details		
Sign & Date		

Academic Manager		
Special Notes		
Timetable, Details		
Sign & Date		

Approved by PEO		
Recoverable Fees		
Waived Off (Non Recoverable)		
Timetable, Details		
Sign & Date		

Admissions	Admissions	
COE issued / amended		
Sign & Date		
Database entered		
Send message to student / agent		
Sign & Date		