

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 | | | Special leave from the cours | e | |
| Change course at the Institute | | | Deferral - Extension of dates duration | for course | |
| Change in timetable/schedule fo | r course | | Re-enrol inactive student to | course | |
| Extension or special leave request is for: | | | | | |
| 1 month □ 2 months □ 3 months □ 4 months □ | | | | | |
| Describe why you are asking for this change or variation: | | | | | |
| | | | | | |
| | | | | | |
| Evidence to support your application (medical certificate and letters or other information) | | | | | |
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| Course Variation, Course Change Policy: Important Information | | | | | |
| You must submit your request in writing 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 Institute 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 WasterCard | | | | | |
| Card Number | | | | | |
| Cardholder Name: (please print) Amount \$ | | | | | |
| Cardholder Signature | | | | | |
| For Office Use Only | | | | | |
| Name correct | ID correct | - | Date received | | |
| Course Expiry Date | Fee status | | Decision | APPROVED /NOT A | PPROVED |
| Database updated | Notes entered | | Initials | | |