NURSE TRAINING AUSTRALIA
PROMOTING HOLISTIC TRAINING

CHANGE IN COURSE/START DATE REQUEST 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 course**	☐
Change course at the College	☐	**Deferral - Extension of dates for course duration**	☐
Change in timetable/schedule for 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)

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 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**	
Course Expiry Date	**Fee status**	**Decision**	**APPROVED /NOT APPROVED**
Database updated	**Notes entered**	**Initials**	