

# 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:			
1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> 4 months <input type="checkbox"/>			
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 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:
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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	