

Course Change Request Form

Student No : _____	Name : _____
Contact No : _____	Email : _____
Course : _____	D.O.B: _____
Address : _____	Suburb: _____ Postcode: _____

<i>Fees may apply*</i>	Office Use Only (for CoE)
Current Course 1: _____	Prepaid tuition _____
New Course: _____	Other prepaid _____
Start Date: _____	Total tuition _____
End Date: _____	OSHC _____

Current Course 2: _____	Prepaid tuition _____
New Course: _____	Other prepaid _____
Start Date: _____	Total tuition _____
End Date: _____	OSHC _____

Current Course 3: _____	Prepaid tuition _____
New Course: _____	Other prepaid _____
Start Date: _____	Total tuition _____
End Date: _____	OSHC _____

Reason for Request:

I declare that the information provided by me is correct and complete. By signing this form, I declare that I understand and agree to be bound by the current terms and conditions of enrolment.

_____ / _____ / _____
 Student's Signature Date

****Please Allow 3 working days for new CoE(s) to be issued****

OFFICE USE ONLY				
Academics	Marketing	Accounts	Student Services and Academic Support	Accounts
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved New Subject/s: _____ Session / Teacher: _____ Processed by: _____ Date: __ / __ / __	Price/promo offered: \$ _____ / term <input type="checkbox"/> Issued LOO <input type="checkbox"/> Acceptance signed <input type="checkbox"/> Student record updated Processed by: _____ Date: __ / __ / __	Payment Details: _____ Payment required: _____ Payment Date: _____ Processed by: _____ Date: __ / __ / __	<input type="checkbox"/> New CoE issued <input type="checkbox"/> Student record Processed by: _____ Date: __ / __ / __ <input type="checkbox"/> Class allocation/ Timetable Processed by: _____ Date: __ / __ / __	RTOM Updates <input type="checkbox"/> Transfer Payment Tran No: _____ Tran No: _____ <input type="checkbox"/> Invoice Credit <input type="checkbox"/> Payment Recorded Updated by: _____ Date: __ / __ / __

Comments: _____