

Course Change Request Form

Student ID: _____	Name: _____
Contact No: _____	Email: _____

Course Change request details	
Current Course 1: _____	New Course 1: _____
Start date: _____	Start Date: _____
Current Course 2: _____	New Course 2: _____
Start date: _____	Start Date: _____
Current Course 3: _____	New Course 3: _____
Start date: _____	Start Date: _____

Reason for request: _____

Declaration

- I declare that the information provided by me is correct and complete.
- I am aware that DHA will be notified of any changes to my enrolment.
- I understand and agree to be bound by the terms and conditions of enrolment.

Student's Signature: _____ Date: _____

Office Use Only

Received by: _____ Date: _____

Current Course 1: _____ New Course 1: _____ Start Date: _____ End Date: _____ VET Code: _____ CRICOS Code: _____ COE No: _____	Prepaid Tuition: _____ Other Prepaid: _____ TOTAL Tuition: _____ OSHC: _____
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Current Course 2: _____ New Course 2: _____ Start Date: _____ End Date: _____ VET Code: _____ CRICOS Code: _____ COE No: _____	Prepaid Tuition: _____ Other Prepaid: _____ TOTAL Tuition: _____ OSHC: _____
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Current Course 3: _____ New Course 3: _____ Start Date: _____ End Date: _____ VET Code: _____ CRICOS Code: _____ COE No: _____	Prepaid Tuition: _____ Other Prepaid: _____ TOTAL Tuition: _____ OSHC: _____
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ACADEMICS	ACCOUNTS	STUDENT SERVICES		ACCOUNTS
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Group: Units:	<input type="checkbox"/> Transferrable fees <input type="checkbox"/> Payment required Payment Date: Mode of Payment:	<input type="checkbox"/> LOO issued <input type="checkbox"/> LOO signed <input type="checkbox"/> COE(s) issued	RTOM Updates <input type="checkbox"/> Course Information <input type="checkbox"/> Group Allocation <input type="checkbox"/> Unit Enrolments _____ <input type="checkbox"/> Upload documents/forms <input type="checkbox"/> Notify Student	<input type="checkbox"/> Transfer fees Tran no _____ Tran no _____ <input type="checkbox"/> Invoice Credits <input type="checkbox"/> Payment recorded <input type="checkbox"/> Receivables
Processed by:	Processed by:	Processed by:	Processed by:	Processed by:
Date:	Date:	Date:	Date:	Date: