

COURSE VARIATION FORM
Section 1 – Client Details

Name:		Student ID:	
Contact Tel:		Mobile:	
Email:			

Section 2 – Change Details - Please provide details of course/s this application relates to:

Qualification / Course:		Course Date:	/ /
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 I wish to withdraw from this course. I understand I need to abide by the Refunds Policy.

Withdrawal Date:	/ /
Withdrawal Reason:	
Signature	Date: / /

 I wish to Transfer to another course date. I understand my transfer will be subject to course availability.

Transfer to Date:	/ / or / /
Transfer Reason:	
Signature	Date: / /

 I wish to Transfer to another Delivery Location. I understand there may be further fees involved.

Transfer Date:	/ /
Transfer Reason:	New Location:
Signature	Date: / /

 I wish to Defer my enrolment in this course. I understand that my enrolment has an expiry date.

Defer to Date:	/ /
Deferral Reason:	
Signature	Date: / /

Section 3 – Authorisation

 Requested Change has been approved? Yes No

Signature:		Position:	
Print Name:		Date Processed:	

Admin Use Only

Changed in SMS:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	/ /
Logged By:		Signature:	
Formal Letter/Email Sent:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	/ /
Sent By:		Signature:	