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(08) 9228 1600 www.eei.wa.edu.au

RTO ID: 52118 CRICOS: 03275D

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:	/ /
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 ar	o 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 bee	n approved? Yes	☐ No	
Signature:		Position:	
Print Name:		Date Processed:	
Admin Use Only			
Changed in SMS:	☐ Yes ☐ No	Date:	/ /
Logged By:		Signature:	
Formal Letter/Email Sent:	Yes No	Date:	/ /
Sent By:		Signature:	

Approved by: Patrick Ryan Next Review: 05 Nov 2019

Approved Date: 05 Nov 2018

Course Variation Form