

COURSE VARIATION FORM Deferral or Change Course Programme
Section 1 – Client Details

Name:		Student ID:	
Contact Tel:		Date of application:	
Email:			

Section 2 – Change Details - Please provide details of course/s this application relates to:
 I wish to change Course programme or Schedule I understand there may be a change of study days and or further fees.

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

 I wish to apply to Defer my enrolment in this course. I understand that deferral may affect my current COE duration which may in turn affect my VISA

Defer to Dates:	From: / /	To: / /
Deferral Reason:		
Student Signature		Date: / /

This course variation is valid for 14 days. A decision outcome must be finalised within this time. If a decision is not made within this the 14-day timeline, the application will become invalid, and the student must apply re-apply.

****NB** All applications are subject to a face-to-face meeting with Student service to discuss your application. You and your nominated agent will be notified by email the outcome of your application. If you do not agree with the outcome you may make an appeal on request.

I understand and accept the terms and conditions of this application	Signature:
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Section 3 – Authorisation

Requested Change has been approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:		