

COURSE VARIATION FORM Withdraw / Cancel Course or Transfer to Another Provider
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:	/ /
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Withdrawal Reason:	
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Student Signature		Date:	/ /
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 I wish to Transfer to another RTO I understand that I must supply a valid offer letter from other RTO.

Transfer to Date:	/ / or / /
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Transfer Reason:	
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Student Signature		Date:	/ /
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****NB** All applications are subject to a face-to-face meeting with Student Services to discuss your application. Withdrawal and or Transfers must be for valid reasons as outlined in the legislation. By signing this form, you understand that you may be liable for additional fees and that your VISA may be affected. (Please see a registered agent for advice).

Section 3 – Authorisation

 Requested Change has been approved? Yes No

Signature:		Position:	
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Print Name:		Date Processed:	
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Admin Use Only

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