

## **REQUEST FOR COURSE VARIATION FORM**

To be filled out and tick (v) the options by the Student and submitted to the Administration Department

Student Name:			Student ID Number:				
Add	ress:		<u>.</u>				
Curi	Current Course:						
Email:			Telephone/ mobile:				
	Change of course		<u>.</u>				
	New course 1:		Course Start Date:				
	New course 2:		Course Start Date:				
	New course 3:		Course Start Date:				
	Re-enrol inactive student to:		Change/ Defer of commencement date				
	Course:		Current Start Date:				
	New Start Date:		New Start Date:				
Evid	lence to support your application (medical certificate and let	ters	or other information):				
Cou	rse Variation Policy: Important Information						
You must submit your request in writing							
Requests for deferral must be submitted in advance for processing before the course expiry date.							
• You must be up to date with course fees at the time of the request.							
<ul> <li>If your request is successful, you will be required to pay an administration fee of \$150 and course tuition fees (if applicable).</li> </ul>							
	<ul> <li>Changes that affect your student visa will require a new letter of Allow 2 working days for new CoE(c) to be issued and placed</li> </ul>						
_	Allow 3 working days for new CoE(s) to be issued and ple		••				
	laration I have read and accept the course variation condition		-				
	plete. I understand that any course variation must comply wit	th th					
Stud	dent's Signature:	Date:					

## For office use only

Student Services/Admissions	Accounts	PEO/Academic Manager	Admissions	Student Services
Received by:	Payment details: Payment required:	APPROVED / NOT APPROVED Signed: Date:	□ COE issued/amended Signed: date: □ Database entered	<ul> <li>Update database</li> <li>Timetable</li> </ul>
Notes: Date:	Signed: Date:	Timetable, details: Signed: Date:	☐ Send message to student/agent Signed: date:	Signed: Date:

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