Student Surname:		First Name/s:		
Student ID:		Date of Birth:		
Phone:		Mobile:		
Address:				
Suburb:		State:	Postcode:	
Email:				

I would like to change my confirmed enrolment by:

☐ Changing the course start date
or
☐ Changing course
or
☐ Withdrawing from my course

Current Course:	

Start date:		End date:	

NEW Course (if applicable):	

Proposed Start date:		Proposed End date:	

Reasons for variation (attach supporting evidence if applicable):

_____

_____

_____

_____

DECLARATION:

- I declare that the information I have provided on this form is true and correct.
- I have been advised of and understand how this change will impact on my re-enrolment and co-contribution fees.
- I agree that all terms and conditions remain as per my original enrolment.
- I understand that course variations may incur a $200 processing fee.

Student signature:			
Parent/Guardian *signature required if under 18*)		Date:	

For all students: You have the right to appeal any decision made with which you disagree. This must be done within 10 days of the date of the decision and using the **Appeals Lodgement Form,** available on the website.

Approval/Not Approval Decision:	
Tuition Fees ☐ Full Refund ☐ Partial Refund – Specify: ☐ No Refund – Specify:	**Material Fees (where applicable)** ☐ Full Refund ☐ Partial Refund for Material <u>not</u> issued ☐ No Refund – Specify:
General Manager: ☐ Refund Approved ☐ Refund Not Approved **Date:** / / **Signature:** **Finance Officer** ☐ Refund Approved ☐ Refund Not Approved **Date:** / / **Signature:** **Date student notified of decision:** _____	**Office Use Only (Finance)** **Refund Amount: $_____** **Refund No: _____** **Change of Enrolment Actioned:** ☐ Yes ☐ No **Processed by:** _____

Deferment Decision:

General Manager or delegate

☐ I advised the student that as of: / / he/she has been deferred from their course and that once the deferment end date has been reached, any prior agreed payment plans will re-open and payments will continue as previous.

☐ The deferment remains valid until: / /

☐ Deferment Not Approved. Reason:

Signature: **Date:** / /

1. *Date Payment arrangement placed on hold:* **/ /** *Officer's initials:*

2. *Payment re-commencement actioned on:* **/ /** *Officer's initials:*

CHECK (tick):

Hard copy placed on Student File.
Student has been advised of the outcome.
Trainer has been advised of the outcome.
All relevant refund/deferment tasks actioned.

Processed By: _____ Signature: _____ Date __ / __ /__

OFFICE USE ONLY

Students Services Officer Name: _____

Course updated on aXcelerate:	Yes	No	Signature: _____	Date __ / __ /__
Accounts notified of Student's Change:	Yes	No	Signature: _____	Date __ / __ /__
Previous Trainer notified of Change:	Yes	No	Signature: _____	Date __ / __ /__
New Trainer notified of Student's Change (if relevant):	Yes	No	Signature: _____	Date __ / __ /__

Comments:
_____

Processed By: _____ Signature: _____ Date __ / __ /__