



## COURSE CHANGE FORM

Please print neatly in **BLOCK LETTERS** using **BLACK INK**

### Student Information

Student ID:	USI Number:
Title (Mr., Mrs., Ms., etc):	
Last Name:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Given Name:	Telephone Number:
Date of Birth(DD/MM/YY): ___/___/____	Mobile Number:
E-mail Address:	
Residential Address in Australia:	
Current/Enrolled Course of Study:	
Course Code:	Course Name:
New Course request:	
Course Code:	Course Name:
Reason for Request:	
How would you like to receive your new course documents?	
Collect in person at Vibe College <input type="checkbox"/>	Receive Scanned copy via e-mail <input type="checkbox"/>

Student Signature: ..... Date: (DD/MM/YY) \_\_\_ / \_\_\_ / \_\_\_\_

Please send completed form to [info@vibecollege.edu.au](mailto:info@vibecollege.edu.au) ,Or submit it to the College reception.

### OFFICE USE ONLY:

Application Received:		Application Processed:	
Status of application:	Approved	Denied	
Request Processed by:			
Signature :			

#### VIBE COLLEGE