

ENROLMENT VARIATION FORM

(This should be used when requesting a variation to current enrolment status)

Please note: This request may be approved where fees are overdue

APPLICANT INFORMATI	ON					
Title:			S	Student Number:		
First Name:			L	ast Name:		
Student Status: Enrolle	nt [Suspended				
CURRENT COURSE DETA	AILS					
Course Code and Title:						
Course Start Date:			Cour	se End Date:		
ENROLMENT VARIATION	N REQUESTED					
☐ DEFER	Deferment sto	ırt date:		Deferment e	end date:	
SUSPEND current enrolm	nent Start sus <mark>pe</mark> ns	sion date:		Return date	:	
☐ TRANSFER to another co	urse					
New Course Name:	,					//
New course start date:	New co	urse end do	ite:			
Name of campus:						/
☐ CANCEL/DECLINE enroln	nent: Cana	cel decline f	rom d	ate:		
SUPPORTING DOCUME! If applicable, please attach		tion. Eg <mark>me</mark>	dical d	certificate		
REASON FOR DEFERRAL				ATION/DECLINE		
Please tick the most appropriat	te box that gives the reason	n for your act				
Reason			S	upporting/Required E	vidence	
Course was not what I e	•					
No Longer interested in	study					
☐ Too difficult to study☐ Not satisfied with training	<u></u>					
	9			eath certificate (in E	nalish)	
	Death in family			Medical certificate (in E	<u> </u>	
Family member has serious or severe illness Involoved in legal or court action				olice or Court Record	<u> </u>	
☐ Involoved in legal or court action ☐ Victim of serious crime				olice Report	<u> </u>	
Had an accident				Medical Certificate (Ir	n English)	
☐ Pregnant				Medical Certificate (Ir		
Returning to home country				One-way airline ticket		
☐ Visa refused	,			efusal Letter		
Change in visa sub-class				Visa approval letter		
Other please specify				• •		
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OFFICE USE ONLY			
Variation discussed with student:	☐ Yes	□No	
Comments:			
Signature:		Date:	 _
FINANCE TO COMPLETE			
Total Fees Paid:	s	NO	
If No total fees owning:			
Finance Officer Signature:		Date:	
OPERATIONS HEAD TO COMPLETE			
☐ Approved ☐ Not Approved			
Comment:			
Return Approved: Yes No			
New Course end date (if applicable):			
Completed units entered into relevant data	base:		
☐ Yes ☐No			
Operatoins Head Name:			
Signature:	Date:		
ADMINISTRATION TO COMPLETE			
Notification sent to student CoE amended (International Students or			
Class roll amended	шуј		
Saved into student folder			
Filed			
Administration Staff Name:			
Administration statt Name.			

SIGNATURE:	Date:	