

Application form for change of enrolment, withdrawal or deferral or extension of course

Student Details		
First name		
Family name		
Date of birth		
Contact mobile number		
Email		
Course Details		
Course name		
Course code		
<input type="checkbox"/> Change of enrolment (1)		
Which course do you wish to transfer to?		
When do you want to start your new course?		
Do you want to apply for course credit? If yes, please complete the "Application for credit transfer"	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/> Withdrawal from a course or individual unit of competency (2)		
Do you wish to withdrawal from your course & cancel your enrolment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you wish to withdrawal from only some of your current units of competency?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Which course or unit(s) do you wish to withdrawal from?	1. _____ 2. _____ 3. _____ 4. _____	
Are you enrolling in another institution? Please specify :	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you require a letter of release?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/> Deferral of course (all currently enrolled unit of study) and postpone enrolment (3)		
What date do you wish to stop your study?	----/----/----	
When do you wish to return to study?	----/----/----	
<input type="checkbox"/> Deferral of individual unit of competency (4)		
Unit code	Unit name	Date of returning to study

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<input type="checkbox"/> Extension to course (5)	
Number of weeks completed	
Number of weeks you wish to Extend	
Start date of re-enrolment	-----/-----/-----
Reason for application	
<input type="checkbox"/> Change of enrolment (1) <input type="checkbox"/> Withdrawal from a course or individual unit of competency (2) <input type="checkbox"/> Deferral of course (3) <input type="checkbox"/> Deferral of individual unit of competency (4) <input type="checkbox"/> Extension to course (5) ----- ----- ----- ----- ----- ----- ----- ----- ----- ----- ----- ----- -----	
Refund information	
If eligible for refund, would you like us to retain any refund due as a credit against future tuition? YES NO	
Account name	
Bank name	
BSB	
Account name	
Account holder's address	
Office use only	
Approved by	Date approved -----/-----/-----
<input type="checkbox"/> Academic process	
<input type="checkbox"/> Internal system updated	
<input type="checkbox"/> Student notified	
Note: ----- ----- ----- ----- ----- -----	