



Request for Change of Course

Please read and follow the instructions:

1. Complete your personal details read the notes and sign this form.
2. Get approval from the Administration Manager.
3. \$100 Course Variation Fee and course difference should be paid to Accounts Department (Non-Refundable).
4. Return this form to the Admin desk after all above completed.

Please see the Administration Manager if you have any questions or need advice on what document/s you may require.

Student Surname: (Family Name)		Given Name:		Student ID:
Current Course:		Terminating Date of Current Course:		
Requested Course:		Starting Date of Requested Course:		

PLEASE NOTE: Changing your course may affect your academic progress. You may fall behind your schedule and will not be able to complete your course within the period allocated for it. CIBT will NOT be responsible for any shortcomings in your academic progress caused by your decision to change your course.

Student Signature: _____ Date: _____

Compliance Manager/Academic Manager:

Approved: Yes, Signature _____ No, Signature _____

Administration Manager:

Approved: Yes, Signature _____ No, Signature _____

Office Use ONLY

Payment (if applicable)	Database Update	Any Comment
Comment: Amount Paid: \$ _____ Date: _____	<input type="checkbox"/> Yes By: _____ Date: _____	

PRIVACY

Student's Information may be provided to Department of Education, DIBP and other State and Territory Government Agencies in relation to administering the ESOS Act and the Migration Act