

Course Variation Application Form

Section 1 – Student Details			
Name		Student ID	
Email Address			
Contact Number		USI	
Address			
Course/s			

Section 2 – Change Details at Student Request			
<input type="checkbox"/> I wish to withdraw from this course. I understand I need to abide by the Refund Policy.			
Withdrawal Date			
Reason/s			
Signature		Date	

Course Variation Application Form

I wish to change to another course at Contempo College. I understand my request is subject to course availability.

** Student must complete a new Application for Enrolment Form to be attached to this document.*

Transfer Date			
Reason/s			
Signature		Date	

I wish to transfer to another RTO. I understand there may be further fees involved.

Transfer Date			
Reason/s			
Signature		Date	

I wish to defer my enrolment in this course. I understand that my enrolment has an expiry date.

Date to Defer	From:	To:	
Reason/s			
Signature		Date	

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<input type="checkbox"/> I wish to change my enrolled course start date. I understand that my enrolment has an expiry date.			
Date to Change	From:	To:	
Reason/s			
Signature		Date	

<input type="checkbox"/> I wish to cancel my enrolled course/s namely as stipulated in my current Certificate of Enrolment (CoE) No: _____			
Date to cancel			
Reason/s			
Signature		Date	

Section 3 – Change Details at RTO Request.			
<input type="checkbox"/> Contempo College wishes to cancel the student's enrolment in this course.			
Date to Cancel			
Reason/s			
Signature		Date	

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<input type="checkbox"/> Contempo College wishes to suspend the student's enrolment in this course.			
Date to Suspend			
Reason/s			
Signature		Date	

Section 4 - Authorisation			
Did finance clear this request? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name:	Signature:	Date:	
Requested Change been approved? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name:	Signature:	Date:	
Reason/s not approved			

For Administration Use Only			
Has the student been informed in writing of the decision?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Email Sent:	
Document scanned and saved? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Update the SMS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name:	Signature:	Date:	