

Change of Course Request Form

Student's Details:	
Student's Name:	
Student ID:	
Current Course:	
Course Request:	
Course Information:	
Current course details:	
Current course title:	
Start date:	
End date:	
Requested course details:	
New course title:	
Proposed start date:	
Proposed end date:	
Reason(s) for transfer:	
<i>In the space below, tell us the reason(s) why you want to change your course</i>	
Declaration:	
I declare that the information I have provide in this form is accurate and truthful. I understand that any changes to my course of study may have an impact on my student visa.	
Student's signature:	Date:

Office Use Only

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		<input type="checkbox"/> RTOM Updated
Name:	Signature:	Date:
Comments:		