

STUDENT DETAILS *Ensure your request meets the requirements of the 'Change of Course Enrolment' Procedure.*

Student Name:		Student ID:	AAA
Current Address:			
Phone / Mobile Number:			
Email Address:			
Type of Request:	<input type="checkbox"/> Cancel / Withdraw Proposed last date of study: _____ <i>All fees owing up to today's date will be required to be finalised before your enrolment can be cancelled and any certification/documentation provided to you.</i>		
	<input type="checkbox"/> Defer Proposed date to re-commence study: _____ <i>All fees owing up to today's date will be required to be finalised before your enrolment can be cancelled and any certification/documentation provided to you.</i>		
	<input type="checkbox"/> Transfer Change of course from _____ to _____ <i>Fees will be reviewed and recalculated based on the new course request.</i>		
Reason for change:	<input type="checkbox"/> I am suffering financial hardship and unable to pay my course fees <input type="checkbox"/> I have compassionate / compelling reasons <input type="checkbox"/> I want to change my Aeroskills course stream (Mechanical / Avionics / Structures) <input type="checkbox"/> The course isn't what I expected / too hard for me / doesn't meet my career goals <input type="checkbox"/> I am transferring to another course with another provider <input type="checkbox"/> Other: _____		
International Student Letter of Release:	<input type="checkbox"/> I have NOT completed 6 months of study with Aviation Australia. I need a Letter of Release		
Documents attached:	<input type="checkbox"/> Information on compassionate / compelling reasons for this request <input type="checkbox"/> Letter of Offer from new provider (if you are transferring to another provider) <input type="checkbox"/> Under 18 years of age - letter of support from parent/guardian		
<p>I understand and declare that:</p> <ul style="list-style-type: none"> I am aware of any associated costs with changing my enrolment (such as an Administration Fee). The information on this form and the supporting documentation are true and correct. I authorise other details to be obtained regarding my academic record for my request to be processed and acknowledge that by providing incorrect information relating to my application may result in the cancellation of my enrolment. If I am under 18 years of age, I am aware that my nominated parent/guardian must support my request. <u>International Students</u>: I understand I must notify the Immigration of any changes to my enrolment and that I must maintain Overseas Student Health Cover (OSHC) while in Australia & may be required to extend my current OSHC cover depending on the requested course change above. I understand that I am unable to transfer to another provider within 6 months of commencing my course, unless I meet the circumstances within the Change of Course Enrolment policy. 			
Student Signature:		Date:	

BUSINESS UNIT		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Comments:		
Name:	New Class:	
Signature:	Date:	
FINANCE		<input type="checkbox"/> TechOne
Comments:		
Name:	Date:	
Signature:		
ADMINISTRATION <input type="checkbox"/> Wise.NET <input type="checkbox"/> CELCAT <input type="checkbox"/> LaunchPad INTL ONLY: <input type="checkbox"/> Letter of Release <input type="checkbox"/> PRISMS / COE		
Comments:		
Name:	Date:	
Signature:		