

## CHANGE OF COURSE REQUEST FORM

DATE (dd/mm/yyyy)				
STUDENT FIRST NAME	STUDENT LAST NAME	STUDENT ID		
DATE OF BIRTH	PHONE (AUSTRALIA)	EMAIL		

### COURSE DETAILS

WHAT IS YOUR CURRENT COURSE			
WHICH COURSE DO YOU WISH TO ENROL IN			
WHY DO YOU WISH TO CHANGE YOUR COURSE			
STUDENT'S SIGNATURE		DATE	

### THIS SECTION IS FOR OFFICE USE ONLY

#### STOP 1: RECEIVING APPLICATION

<p>This section is to be completed by the <b>SCEI staff who is receiving</b> the application from the student.</p>	<input type="checkbox"/> All Required Sections Completed <input type="checkbox"/> Student Details Provided <input type="checkbox"/> Student Signature Staff Name _____ Staff Signature _____ Date _____
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*Please forward this to the Administration Manager for assessment.*

#### STOP 2: ASSESSMENT OF APPLICATION

<p>This section is to be completed by the <b>Administration Manager and/or delegate</b> who is assessing the application.</p>	<input type="checkbox"/> Application Approved <input type="checkbox"/> Student has been provided with the requested document. <input type="checkbox"/> Copy of the requested document attached with this form. <input type="checkbox"/> Application Rejected <input type="checkbox"/> Student Notified in Writing <input type="checkbox"/> Copy of written notification attached with this form. Staff Name _____ Staff Signature _____ Date _____
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#### STOP 3: FILING

<p>This section is to be completed by the <b>Administration Manager and/or delegate</b> who is filing this application and all supporting documents in the student's admin file.</p>	<input type="checkbox"/> The application form has been completed by all parties. <input type="checkbox"/> All Supporting documents are attached with the application. <input type="checkbox"/> Copies of all written correspondence sent to the student are attached with the application. Staff Name _____ Staff Signature _____ Date _____
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*Please file in the student admin file.*