



Change of Course Request

Please print in BLOCK LETTERS and fill out all sections

Student Number:

Family Name:

First Name:

Mobile:

Email:

Please fill in start date and cross the following box:

New Start Date (DD/MM/YY): / /

(note: new start date cannot be greater than the course finish date of the actual/old COE)

Reason for change: _____

Evidence attached: _____

<input type="checkbox"/> Certificate III in Business	<input type="checkbox"/> Advanced Diploma of Business
<input type="checkbox"/> Certificate IV in Business	<input type="checkbox"/> Diploma of Project Management
<input type="checkbox"/> Diploma of Business	<input type="checkbox"/> Advanced Diploma of Program Management
<input type="checkbox"/> Certificate IV in Accounting and Bookkeeping	
<input type="checkbox"/> Diploma of Accounting	<input type="checkbox"/> Advanced Diploma of Accounting

Terms and conditions

- All details above are required to be completed.
- You can ONLY join a new course from the start of new unit of competency.
- College will process this request in 5 working days from the date of the application.
- There will be an administration fee of \$50 per COE change and no request will be processed until this fee has been paid (except for compelling/compassionate circumstances).
- All payment must be made one week before date of change.
- This fee is not refundable for change of mind.
- New course fees may apply. Please refer to the college website and your new letter of offer for more details (except for compelling/compassionate circumstances).
- The change of course will be reported to the Department of Home Affairs.

Student Signature:

SIGN HERE

Date Requested:

/ /

Office Use Only

Director of Studies

New Course Details

<input type="checkbox"/> Certificate III in Business	<input type="checkbox"/> Advanced Diploma of Business
<input type="checkbox"/> Certificate IV in Business	<input type="checkbox"/> Diploma of Project Management
<input type="checkbox"/> Diploma of Business	<input type="checkbox"/> Advanced Diploma of Program Management
<input type="checkbox"/> Certificate IV in Accounting and Bookkeeping	
<input type="checkbox"/> Diploma of Accounting	<input type="checkbox"/> Advanced Diploma of Accounting

Approved Not Approved

Comment: _____

New start date: / / New end date: / /

Contact Student via:

- Email
- Telephone
- Trainer

Signature: _____

Date Completed: / /

Student Services Officer

- Administration fee
Amount: \$ _____

Signature: _____

Date Completed: / /

Accounts

- Course fee
 - Paid N/A
- Administration fee
 - Paid N/A

Signature: _____

Date Completed: / /

Director of Studies

- New COE Issued

Signature: _____

Date Completed: / /

Student Services Officer

- Un-enrolled old course
- Add new course
- Allocate to new class
- Enrolled student in SMS
- Informed student regarding new course

Signature: _____

Date Completed: / /