



Application for Course Variation

Applicant Details:

Family Name:		Title:		
First Given Name:				
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date:	
Home Number:		Mobile Number:		
Home address:	<hr/>			

Deferment Request:

Program requesting deferment from:			
Date of requested deferment:		Date of requested re-commencement:	
Reasons for requested deferment:			
Declaration:	<input type="checkbox"/> I declare that the information I have provided above is true and correct. <input type="checkbox"/> I acknowledge that I understand my student rights and obligations.		
Signature:		Date:	

Transfer Request:



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Provider and Course requesting transfer from:			
Provider and Course requesting transfer to:			
Date of requested transfer:		Date of new commencement:	
Provider contact details:	Phone:	Delegate:	
Reasons for decision:			
Declaration:	<input type="checkbox"/> I declare that the information I have provided above is true and correct. <input type="checkbox"/> I acknowledge that I understand my student rights and obligations.		
Signature:		Date:	

Withdrawal Request:

Program requesting withdrawal from:			
Date of requested withdrawal:			
Reasons for requested withdrawal:			
Declaration:	<input type="checkbox"/> I declare that the information I have provided above is true and correct. <input type="checkbox"/> I acknowledge that I understand my student rights and obligations.		
Signature:		Date:	

Review and Decision:



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Name of decision maker:		
Position / Authority:		
Nature of request by student:		
Review of the student's circumstances:		
Application:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved
Reasons for decision:		
Date of decision to take effect:		
Signature:		Date:

Administrative Action:

Name of person completing administrative action:			
Position:			
Administrative Check:	<input type="checkbox"/> Student advised in writing <input type="checkbox"/> Relevant Trainer advised of decision <input type="checkbox"/> Student fees refunded or <input type="checkbox"/> No refund required/approved <input type="checkbox"/> Student file transferred / archived <input type="checkbox"/> Certificate issued (as applicable) <input type="checkbox"/> Student Management System updated		
Comments:			
Signature:		Date:	