



## 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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<b>Provider and Course requesting transfer from:</b>			
<b>Provider and Course requesting transfer to:</b>			
<b>Date of requested transfer:</b>		<b>Date of new commencement:</b>	
<b>Provider contact details:</b>	Phone:	Delegate:	
<b>Reasons for decision:</b>			
<b>Declaration:</b>	<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.		
<b>Signature:</b>		Date:	

### Withdrawal Request:

<b>Program requesting withdrawal from:</b>			
<b>Date of requested withdrawal:</b>			
<b>Reasons for requested withdrawal:</b>			
<b>Declaration:</b>	<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.		
<b>Signature:</b>		Date:	

### Review and Decision:



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

### Administrative Action:

<b>Name of person completing administrative action:</b>			
<b>Position:</b>			
<b>Administrative Check:</b>	<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		
<b>Comments:</b>			
<b>Signature:</b>		<b>Date:</b>	