

ENROLMENT VARIATION FORM

Personal Details

Student Name:	Student ID:
Gender: Male Female Other	Date of Birth:
Contact Email:	Contact Number:
Residential Address:	
Student Status: <input type="checkbox"/> Course not commenced <input type="checkbox"/> Current <input type="checkbox"/> Withdrawn/ Suspended/Deferred	
Course:	

Variation Request

<input type="checkbox"/> Transfer to another course	Transfer Date:
Transfer From Course:	Transfer To Course:
<input type="checkbox"/> Transfer to Campus <input type="checkbox"/> Level 1, 16 Good St, Granville, NSW 2142 <input type="checkbox"/> 43-45 Marion St, Parramatta, NSW, 2150	
<input type="checkbox"/> Defer the course:	Defer Start Date: Defer End Date:
<input type="checkbox"/> Suspend the course:	Suspend Start Date: Suspend End Date:
<input type="checkbox"/> Early Completion of Course:	Early Completion date:
<input type="checkbox"/> Cancellation of Enrolment	Cancellation date:
Cancellation from Course:	

Reason Medical reason or personal issues Visa refused Change in visa type
 Return to home country Change provider
 Other (specify): _____

Checklist: I have attached copies of relevant supporting documentation that can be verified.
 I understand that there may be additional fees associated with my enrolment variation request, as outlined in the Student Handbook and relevant policy and procedure.

Student Declaration

I confirm that I have read all the terms and conditions and agree to abide by those rules and any subsequent amendments. If any information is false or has been withheld, I accept that this may cause cancellation of my enrolment and/or further consequences.

I take full responsibility for this decision and understand that Campbell Institute will inform the relevant Government bodies and departments of my decision to change my enrolment status.

Student Signature:

Date: _____

OFFICE USE ONLY

Form Received By:	Form Received Date:
Outcome:	
Comments (if applicable): _____	
Acknowledgement sent to Student:	
Date Sent:	
Processed By:	
Name: _____	Position: _____
Signature: <input style="width: 250px; height: 40px;" type="text"/>	Date: _____