

## STUDENT COURSE VARIATION FORM

Name			
DOB		Student number	
Phone			
Email			

### Current enrolment details

Please give details about the course you are currently studying

Course			
Start date		End date	

### Future enrolments

Please give details of any courses in which you are enrolled in the future.

Course 1			
Course 2			
Course 3			

### Course variation requested

Your request will be reviewed. You will be informed if approval is/ is not granted.

<input type="checkbox"/> Transfer	From this course	
	To this course	
	On this date	
<input type="checkbox"/> Change start date	Original start date	
	New start date	
<input type="checkbox"/> Change end date	Original end date	
	New end date	
<input type="checkbox"/> Suspend enrolment	From	
	To	
<input type="checkbox"/> Withdraw	Course	
	Date	
<input type="checkbox"/> Change campus	Date	
<input type="checkbox"/> Other		



**Reason**

I request this course variation because
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**Evidence / supporting documentation**

I have attached evidence/ supporting documentation

Yes	Documents:
No	Reason:

Note: It is imperative that any change that may affect your visa is discussed with the Department of Home Affairs (DHA) urgently.

**Student declaration**

I declare that the information in this document is true and correct.

I take full responsibility for this decision and understand that Skills Institute Australia will inform the relevant Australian government departments of my decision to change my enrolment.

I am aware that I must notify the DHA as a matter of urgency regarding any change to my visa, by visiting a DHA office.

Student's signature .....Date .....

SKILLS INSTITUTE AUSTRALIA OFFICE USE ONLY	
SIA officer	Date submitted
Recommendation	
Decision	
Authorised by (Name, title, signature)	Date
Refund/ fees payable & details	

All records must be kept in the student file