

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"/> Defer	Original start date	
	New start date	
<input type="checkbox"/> Suspend enrolment	From	
	To	
<input type="checkbox"/> Withdraw enrolment	Course	
	Date	
<input type="checkbox"/> Withdraw application	Course	
	Date	
<input type="checkbox"/> Finish early	Date	
<input type="checkbox"/> Start early	Date	
<input type="checkbox"/> Change campus	Date	
Other		

Reason

I request this course variation because

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 signatureDate

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