

**COURSE VARIATION FORM (Deferral or Change Location) 2020**
**Section 1 – Client Details**

Name:		Student ID:	
Contact Tel:		Mobile:	
Email:			

**Section 2 – Change Details - Please provide details of course/s this application relates to:**
 I wish to Transfer to another Delivery Location. I understand there may be a change of study days and or further fees.

Transfer Date:	/ /		
Transfer Reason:		New Location:	
Student Signature		Date:	/ /

 I wish to Defer my enrolment in this course. I understand that deferral may affect my current Visa duration.

Defer to Dates:	From: / /	To: / /
Deferral Reason:		
Student Signature		Date: / /

\*\*NB All applications are subject to a face to face meeting with Student service to discuss your application

**Section 3 – Authorisation**

Requested Change has been approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Signature:		Position:
Print Name:		Date Processed:

**Admin Use Only**

Changed in SMS:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	/ /
Logged By:		Signature:		
Formal Letter/Email Sent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	/ /
Sent By:		Signature:		