



Course Change Request Form

Personal Details					
Given Name				Surname	
Date of Birth				Student ID	
Address					
State				Postcode	
Home Phone		Mobile		Email	
Course(s) that you are currently enrolled and want to withdraw					
Course 1					
Course 2					
Course 3					
Course(s) that you want to enrol					
Course 1					
Course 2					
Course 3					
Proposed Start Date of the 1 st Course that you want to enrol:					
<u>Reasons for Change</u>					
Student Signature: _____			Date: _____		
Office Use Only					
Is the change approved? <input type="checkbox"/> Yes <input type="checkbox"/> No			Approved Staff Name: _____		
Is the new offer created <input type="checkbox"/> Yes <input type="checkbox"/> No N/A			Is the new acceptance signed? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A		
Is the change updated in Student Management System? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A					
Is the change updated in PRISMS? <input type="checkbox"/> Yes <input type="checkbox"/> No N/A					
Is the outcome communicated to the student? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Processing Staff: _____		Signature: _____		Date: _____	