

# Change of Course/Campus Form

## STUDENT DETAILS

Student Name:		Student ID:
Phone:		Email Address:
Current Course of Study:		
Course Start and End Date:		
Current Campus:		

I wish to change to the following course: \_\_\_\_\_

and/or

I wish to change to the following campus: \_\_\_\_\_

Reason for Change:

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New course start date: \_\_\_\_\_

Has the student been informed of any difference in fees?  Yes  No

Change of fees difference: \$ \_\_\_\_\_ COE Fee: \$ \_\_\_\_\_ Paid:  Yes  No

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:

Fully Paid:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Course Change Approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:
Other Comments:			
NEW COE created?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	New COE number:
Entered into RTOm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: