AUSTRALASIA INTERNATIONAL SCHOOL

Australasia International School
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COURSE CHANGE REQUEST FORM

Please Note:

Applications for course change cannot take effect during a Term. Allow for 3 working days for processing.

Student Name:	Student No:	Date: / /
Student Email:	Mobile:	
Student Address:		
Postcode:		

Original COE (original information)

Course Name:	Course Code:	
Course Start Date:	End Date:	
Class No:		

Proposed New Course(please tick)

☐ **Certificate III in Beauty Services**		☐ **Diploma of Remedial Massage**		☐ **Advanced Diploma of Program Management**	
Start Date	**End Date**	**Start Date**	**End Date**	**Start Date**	**End Date**
☐ **Certificate IV in Beauty Therapy**		☐ **Certificate IV in Project Management Practice**		☐ **Diploma of Leadership Management**	
Start Date	**End Date**	**Start Date**	**End Date**	**Start Date**	**End Date**
☐ **Diploma of Beauty Therapy**		☐ **Diploma of Project Management**		☐ **Advanced Diploma of Leadership Management**	
Start Date	**End Date**	**Start Date**	**End Date**	**Start Date**	**End Date**
☐ **Diploma of Salon Management**		☐ **Certificate IV in Massage Therapy**			
Start Date	**End Date**	**Start Date**	**End Date**		

Are you wishing to extend your Visa duration to complete this? (Please indicate) ☐ Yes ☐ No

Please indicate how you wish to undertake the additional training

☐ Change of Course ☐ Change of Course and Pathway ☐ Changes against Training Package Requirements includes Entry Requirements

Reason for change of course:

Student Signature:	**Date:**

Office Use Only

New Course Start Date:	**New Course End Date:**
Instructions: A student must complete a Suspension Form where reason of change is impacted by training package rules	

Finance Use:
Outline new fee structure CoE Fee: $
Other Fees: $

Reviewed and Approved by:
Administration Manager: _____ Date: / _____/____

Final Review & decision by **Student Administration Manager** ☐ Yes ☐ No (If no why)
Feedback of Decision:

Signature – Student Administration Manager Date: _____/_____/_____