



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)

<input type="checkbox"/> Certificate III in Beauty Services	<input type="checkbox"/> Diploma of Remedial Massage	<input type="checkbox"/> Advanced Diploma of Program Management
Start Date End Date	Start Date End Date	Start Date End Date
<input type="checkbox"/> Certificate IV in Beauty Therapy	<input type="checkbox"/> Certificate IV in Project Management Practice	<input type="checkbox"/> Diploma of Leadership Management
Start Date End Date	Start Date End Date	Start Date End Date
<input type="checkbox"/> Diploma of Beauty Therapy	<input type="checkbox"/> Diploma of Project Management	<input type="checkbox"/> Advanced Diploma of Leadership Management
Start Date End Date	Start Date End Date	Start Date End Date
<input type="checkbox"/> Diploma of Salon Management	<input type="checkbox"/> 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:
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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: __/__/____