

## **Course Variation Application Form**

This form MUS	T be completed BEFORE we can make	ANY change to a student's e	enrolment.		
1. Student De	etails				
First name		Family name		y College Ident ID	
Current course					
Agent name			Date comm	nenced	
2. Reason for	Variation			<u>.</u>	
☐ Change of c	ommencement date and/or (Deferm	ent/Suspension)			
Note: Changin	g to course commencement/completion	on dates MAY require an ext	ension to visa, fee	es payable to	DoHA.
From		То			
☐ Change to a	nother course at City College				
<b>Note:</b> Changing your original enrolment will mean that your original enrolment is cancelled, and the refund and Cancellation policy and Procedure will apply. It will be at the discretion of City College as to value of fees transferred to the NEW enrolment but will be NOT LESS THAN what you are entitled to under the Refund and Cancellation Policy and Procedure.					
From		To (include proposed comm	encement date)		
Refund and Ca	tion of enrolment may affect your visa encellation Policy WILL apply to ALL defund Application Form.				
From date					
☐ Request to	transfer to another RTO				
Note: Changes to your enrolment may affect your visa. Student MUST report to DoHA to confirm their visa status.					
RTO name			☐ Attached let	ter of offer fr	om NEW RTO
☐ Other (plea	se specify):				

<b>Document Name:</b> Course Variation	Application Form	RTO Code: 91770	CRICOS Code: 04234E
Version: SSS_FR_01_V.01	Approved: May 2024	Review Date: May 2025	Page <b>1</b> of <b>2</b>

E: info@citycollege.edu.au
W: www.citycollege.edu.au

T: +61 497 834 448 ABN: 66 114 139 570



RTO CODE: 91770 CRICOS CODE: 04234E

Detailed reason (MUST be completed):						
Conditions						
☐ I agree that all term	ns and conditions are as per my Student A	greement, contained w	ithin my Lett	er of Offer.		
	d and Cancellation Policy will apply to all a			lland and the		
	hanging my original enrolment will mear on Policy will apply. It will be at the discre					
	ut will be NOT LESS THAN what I would b					
Policy and Procedure.						
	hould I want to cancel this Course Adjust		•	itional		
alterations to the information supplied above, an administration fee of \$100 MAY apply.  ☐ I understand that Course adjustments may take up to 10 working days to complete.						
	ity College will send me an email confirm			e		
address provided herei	in.	,				
	☐ By signing this form, I agree that I have read and understood the Note applicable to my Course Variation, and the conditions outlined herein.					
Student Signature		Date				
Authorization						
Finance has cleared this r	request Yes		☐ No			
Evidence received?		☐ No				
Requested Change has been approved? Yes No						
Approved by CEO Sh	hakil Ur Rehman Khan					
Signature		Date				
Office Use Only						
Changed in SMS:	Yes No	Date:	/	/		
Logged By:		Signature:				
Formal Letter/Email Sen	t: Yes No	Date:	/	/		
Sent By: Signature:						

<b>Document Name:</b> Course Variation	Application Form	RTO Code: 91770	CRICOS Code: 04234E
Version: SSS_FR_01_V.01	Approved: May 2024	Review Date: May 2025	Page <b>2</b> of <b>2</b>

E: info@citycollege.edu.au
W: www.citycollege.edu.au