Course Variation Application Form

This form **MUST** be completed **BEFORE** we can make **ANY** change to a student's enrolment.

Student Details			
Full Name:		**CC Student ID:**	
Agency/Agent Name:		**Commencement Date:**	
Current Course			

Reason for Variation

☐ **Change of commencement date and/or (Deferment/Suspension)**

Note: Changing to course commencement/completion dates MAY require an extension to visa, fees payable to DHA.

From		**To:**	

☐ **Change to another course at City College**

Note: 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		**Date (include proposed commencement date)**	

☐ **Cancellation of Enrolment**

Note: Cancellation of enrolment may affect your visa. Student MUST report to DHA to confirm their visa status. City College Refund and Cancellation Policy WILL apply to ALL applications for Cancellation. Student entitled to a Refund, must also complete the Refund Application Form.

From	

☐ **Extension**

Note: Changing to course commencement/completion dates may require an extension to visa, fees payable to DHA.

From:		**To:**	

☐ **Request to transfer to another RTO**

Note: Changes to your enrolment may affect your visa. Student MUST report to DHA to confirm their visa status.

RTO Name:	

Instruction: *Please attach the new RTO Letter of Offer with this request form.*

Other (please specify):

E: info@citycollege.edu.au
W: www.citycollege.edu.au
T: +61 497 834 448
ABN: 66 114 139 570

Detailed reason (MUST be completed):

Conditions	
☐	I agree that all terms and conditions are as per my Student Agreement, contained within my Letter of Offer.
☐	City College Refund and Cancellation Policy will apply to all adjustments and cancellations.
☐	I understand that changing my original enrolment will mean that my original enrolment is cancelled, and the Refund and Cancellation Policy 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 I would be entitled to under the Refund and Cancellation Policy and Procedure.
☐	I understand that should I want to cancel this Course Adjustment at any time or request any additional 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.
☐	I understand that City College will send me an email confirming the details of my variation, to the address provided herein.
☐	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 request	☐ Yes	☐ No
Evidence received?	☐ Yes	☐ No
Requested Change has been approved?	☐ Yes	☐ No

Approved by:			
Signature:		**Date**	

Office Use Only				
Changed in SMS:	☐ Yes	☐ No	**Date:**	/ /
Logged By:			**Signature:**	
Formal Letter/Email Sent:	☐ Yes	☐ No	**Date:**	/ /
Sent By:			**Signature:**	

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