

Please attach any supporting documents

STUDENT COURSE VARIATION FORM

Name: _____ SID: _____
 Contact number: _____ Date of Birth: _____
 Contact email: _____
 Contact address: _____
 Current Course: _____

Request(s)

Transfer* from _____ to _____
 on (Date) (DD/MM/YYYY) _____

Defer** (delay) the start of my course from _____ until _____

Suspend** (temporarily stop my studies) from _____ until _____

Withdraw from my course*** (finish) on (Date): (DD/MM/YYYY) _____

Withdraw my application (before starting my course)***

Other _____

* Additional fees may apply
 ** Refer to Deferment, Suspension & Cancellation Policy on www.apc.edu.au / www.schs.nsw.edu.au for conditions. eCoE fees apply.
 *** Refer to Student Transfer Request Policy on www.apc.edu.au / www.schs.nsw.edu.au for conditions if you are in the first 6 months of your primary course. Please note cancellation fees (\$500) apply if you withdraw from your course after week 7 of the current term.

Document Request(s)

I would like to request a Letter of Release

Other _____

Homestay/Airport pick-up (fees apply)

Please tick in the box

	Sydney	Brisbane
I would like Airport Pick-up	<input type="checkbox"/>	<input type="checkbox"/>
I would like Airport Drop-off	<input type="checkbox"/>	<input type="checkbox"/>
I would like the college to arrange Homestay for me	<input type="checkbox"/>	<input type="checkbox"/>

Reason

Change of Visa Type

Change provider

Medical reason or Personal issues

Return to home

Other _____

Additional Enrolment(s) – Office use only

Course _____

Start date(DD/MM/YYYY) _____

Duration _____

School/Campus _____

Session _____

Transfer Fees from Enrolment _____

Additional fees \$ _____
 (Please indicate what the fees are for)

^ Where my new enrolment is at one of the college's partner schools, I give permission my details (relevant to my new enrolment) to be forwarded to the enrolment officer at that institution.

Declaration

I declare that the above is a true statement to the best of my knowledge and that by signing below I agree not to make any further claims against Australian Pacific College for any compensation, financial or otherwise. I take full responsibility for this decision and understand that Australian Pacific College will inform the relevant Government bodies and departments of my decision to change my enrolment status.

Date (DD/MM/YYYY): ___/___/___

Student's signature: _____

Guardian's signature: _____
 (If student under 18)