

Please attach any supporting documents

Office use only

New class: _____

Start date: _____

Authorised by: _____

STUDENT COURSE VARIATION FORM

Name: _____ SID: S400 _____

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 country
- Other _____

Additional Enrolment(s) – Office use only

- Course _____
- Start date(DD/MM/YYYY) _____ / _____ / _____
- Duration _____
- School/Campus _____
(APC, APTT, EU)^
- 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)

Name: _____ Student ID: S400 _____ Date (DD/MM/YYYY): _____ / _____ / _____

Request: _____ Received by: _____

Name: _____ Student ID: S400_____ Date (DD/MM/YYYY): ____/____/____

Request: _____ Received by: _____