Please attach any supporting documents

AUSTRALIAN PACIFIC COLLEGE

S

STUDENT COURSE VARIATION FORM

Student name: _____ Date of birth: _____

Contact number: _____

Contact email: _____

Contact address: _____

Current course: _____

REQUEST(S)

☐ Transfer[1] from: _____ to: _____

on (date - DD/MM/YYYY) _____

☐ Defer (delay) the start of my course from

_____ until _____

☐ Suspend[2] (temporarily stop my studies) from

_____ until _____

☐ Withdraw from my course[3] (finish) on

(date - DD/MM/YYYY) _____

☐ Withdraw my application (before course start)[3]

☐ Other _____

1. Additional fees may apply
2. Refer to Deferment, Suspension & Cancellation Policy on apc.edu.au / www.schs.nsw.edu.au for conditions. eCoE fees apply.
3. 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)

	Sydney	Brisbane
I would like Airport Pick-up	☐	☐
I would like Airport Drop-off	☐	☐
I would like the college to arrange Homestay for me	☐	☐

REASON

☐ Change of Visa Type

☐ Change provider

☐ Medical reason or personal issues

☐ Return to home country

☐ Other

ADDITIONAL ENROLMENTS – *Office use only*

☐ Course

_____

☐ Start date(DD/MM/YYYY) _____

☐ Duration _____

☐ School/Campus _____

☐ Session _____

☐ Transfer Fees from Enrolment _____

☐ Additional fees $ _____

^ 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)

✂----------✂----------✂----------✂----------✂----------✂----------✂

Student's name: _____ Student number: _____

Request: _____ Date (DD/MM/YYYY): _____ Received by: _____

APC course variation form_25MAR20_V1.0