

## Change of Course Enrolment (Deferment, Suspension, Cancellation, Transfer)

AA TA 04a

STUDENT DETAILS	Ensure your request meets the requirements of the 'Change of Course Enrolment' Procedure.				
Student Name:		Stu	ıdent ID:	AAA	
Current Address:					
Phone/Mobile Number:					
Email Address:					
Type of Request:	□ Cancel / Withdraw Proposed last date of study:  All fees owing up to today's date will be required to be finalised before your enrolment can be cancelled and any certification/documentation provided to you.  □ Defer Proposed date to re-commence study:  All fees owing up to today's date will be required to be finalised before your enrolment can be cancelled and any certification/documentation provided to you.  □ Transfer Change of course from				
Reason for change:	☐ I am suffering financial hardship and unable to pay my course fees ☐ I have compassionate / compelling reasons ☐ I want to change my course stream (Mechanical / Avionics / Structures) ☐ The course isn't what I expected / too hard for me / doesn't meet my career goals ☐ I am transferring to another course with another provider ☐ Other:				
International Student Letter of Release:	☐ I have NOT completed 6 months of study with Aviation Australia I need a Letter of Release				
Documents attached:	<ul> <li>□ Information on compassionate / compelling reasons for this request</li> <li>□ Letter of Offer from new provider (if you are transferring to another provider)</li> <li>□ Under 18 years of age - letter of support from parent/guardian</li> </ul>				
<ul> <li>I understand and declare that:</li> <li>I am aware of any associated costs with changing my enrolment (such as an Administration Fee);</li> <li>The information on this form and the supporting documentation are true and correct. I authorize other details to be obtained regarding my academic record for my request to be processed and acknowledge that by providing incorrect information relating to my application may result in the cancellation of my enrolment.</li> <li>If I am under 18 years of age, I am aware that my nominated parent/guardian must support my request.</li> <li>International Students: I understand I must notify the Immigration of any changes to my enrolment and that I must maintain Overseas Student Health Cover (OSHC) while in Australia &amp; may be required to extend my current OSHC cover depending on the requested course change above. I understand that I am unable to transfer to another provider within 6 months of commencing my course, unless I meet the circumstances within the Change of Course Enrolment policy.</li> </ul>					
Student signature:			Date:		
<b>BUSINESS UNIT</b>			☐ Appr	oved	☐ Not Approved
Comments:			New Cl	ass:	
Name & Signature:			Date:		
FINANCE					□ АССРАС
Comments:					
Name & Signature:			Date:		
ADMINISTRATION	□Wise.NET □CELCAT □DOTS	INTL ONL	<b>r</b> : □Letter	of Rele	ase □PRISMS / COE
Comments:					
Name & Signature:			Date:		