

Please attach any supporting documents



STUDENT COURSE VARIATION FORM

Student name: _____ Date of birth: _____

Contact number: _____

Contact email: _____

Contact address: _____

Current course: _____

REQUEST(S)

Transfer¹ from: _____ to: _____

on [date - DD/MM/YYYY] _____

Defer [delay] the start of my course from

_____ until _____

Suspend² [temporarily stop my studies] from

_____ until _____

Withdraw from my course³ [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]

-----X-----X-----X-----X-----X-----X-----X-----X-----X-----X-----

Student's name: _____ Student number: _____

Request: _____ Date [DD/MM/YYYY]: _____ Received by: _____