

CHANGE OF COURSE APPLICATION



Title: _____ Student Name: _____
(Mr/Mrs/Ms/Miss) (Family Name) (Other Names)
Student ID: _____ Date of Birth: _____
Course currently enrolled in: _____ Number of units completed: _____

Which course do you wish to transfer to? (Please tick the appropriate box)

- International Foundation Program (4F)
- Diploma of Computing (DS)
- Diploma of Media & Communication (DC)
- Diploma of Commerce (DM)
- Diploma of Management (DT)

Reasons: _____

Student Signature _____ **Date** _____

Office Use Only

Approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____
Academic Manager	Date	
Comments (if any)	_____	
_____	_____	
_____	_____	
_____	_____	

- Student notified / change approved
- Course status change
- Timetable changed to reflect new course
- Notation made on Maze academic notes
- Complete form put in student's file