Application to Change Courses

F-2.O.1_v3

Student Name: _____

Student ID: _____   Date of Birth: _____

Email: _____

College: _____   Phone No.: _____

Course currently enrolled: _____

Course Start Date: _____   Course End Date: _____

I wish to transfer to the following course: _____

New Course Start Date: _____

Reasons for transfer: _____
_____

Application must be submitted to Student Services immediately after approval has been granted.

Signature of Student: _____   Date: _____

Course Coordinator signature:
_____

Transfer granted?   ❏ Yes   ❏ No   Date: _____

Has student been informed of any difference in fees?   ❏ Yes   ❏ No

Change of course difference: _____   Admin fee: _____

Completed By: _____   Signature: _____

✂---

<u>FOR ADMINISTRATIVE USE</u>:*

Student Name: _____   Date Received: _____

Completed By: _____   Signature: _____

* This section is to be filled out and signed by a Student Services Officer and is to be retained by the student.

FOR OFFICIAL USE ONLY:

Fully paid: ☐ Yes ☐ No

Satisfactory Course Progress: ☐ Yes ☐ No

Other comments: _____

_____

New eCOE generated? ☐ Yes ☐ No New eCOE Number: _____

Entered into database? ☐ Yes ☐ No

Student informed? ☐ Yes ☐ No

Document Last Revised 18 July 2016