

# COURSE VARIATION REQUEST

## STUDENT DETAILS

Family Name		Given Name/s	
Student Number		Date of Birth	____/____/____(dd/mm/yy)
Street Address			
Suburb / Post Code	/	Telephone	
Email Address			
Visa Type	<input type="checkbox"/> Student <input type="checkbox"/> Tourist <input type="checkbox"/> Working Holiday <input type="checkbox"/> Other.....		

## CURRENT ENROLMENT DETAILS

Please provide details of the course you are **currently** enrolled in.

- General English (DAY)                       General English (EVENING)  
 Cambridge FCE / CAE                       High School Preparation  
 Academic English Preparation (AEP)     AEP1     AEP2     AEP3

Course Start Date:	Finish Date:
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## ENROLMENT VARIATION REQUESTED (Place X next to the item requested)

<input type="checkbox"/> <b>Change of Enrolment</b>	From (course name)	
	To (course name)	
	Length of new course	_____ weeks
	From (date of change)	____/____/____(dd/mm/yy)
<input type="checkbox"/> <b>Defer Enrolment</b>	Original start date	____/____/____(dd/mm/yy)
	New start date	____/____/____(dd/mm/yy)
<input type="checkbox"/> <b>Withdraw Enrolment</b>	Course	
	Start date	____/____/____(dd/mm/yy)
<input type="checkbox"/> <b>Early Termination</b>	Complete section on page 2	
<input type="checkbox"/> <b>Suspension of Enrolment</b>	Complete section on page 2	

Accommodation arranged by the College:     NO     YES     Homestay     Student Residence

Packaged enrolment with another institution:     NO     YES Name of Institution: \_\_\_\_\_

## STUDENT DECLARATION

I declare the information presented is true and correct. I take full responsibility for my actions and understand Universal English College may need to inform the relevant Australian government departments of my decision to change my enrolment. I am also aware of my responsibility to inform the Department of Home Affairs of any change of my visa status.

STUDENT SIGNATURE ..... (place your initials here)    DATE ...../...../..... (dd/mm/yy)

Parent/Guardian signature (if under 18 years of age) ..... (place initials here)

Name of Parent/Guardian .....    Date ...../...../..... (dd/mm/yy)

## EARLY TERMINATION

Current finish date: _____/_____/_____(dd/mm/yy)	New finish date: _____/_____/_____(dd/mm/yy)
Fees fully paid? YES / NO <input type="checkbox"/> Fees paid to _____/_____/_____	
Reason for early termination. Please provide evidence.	

## SUSPENSION OF ENROLMENT

Suspension start date : _____/_____/_____(dd/mm/yy)	Suspension finish date : _____/_____/_____(dd/mm/yy)
Length of Suspension (maximum of 12 weeks):	
Reason for suspension. Attach evidence.	

### Conditions Applying to the Suspension of Enrolment

- The College makes no guarantee of the future availability of the course or your access to it.
- Students will have their CoE cancelled if course fees are paid up to the commencement date of the suspension.
- Students requiring a revised Offer Letter and/or CoE will be charged a \$100 Change of Enrolment fee.
- No tuition fee refund applies either at the time of suspension or in the event of non-recommencement of the course.
- If course suspension is approved, any unused tuition fees will be held over for **a maximum of 3 months**. If unable to return to complete the course after 3 months, the Refund Policy will take effect.

### Deferment, Suspension & Cancellation Policy and Procedure

Such requests will only be granted for compassionate and compelling circumstances (defined as those beyond the control of the student and which have an impact on course progress or wellbeing). These may include but are not limited to:

- serious illness/injury, where a medical certificate states the student is unable to attend classes
- bereavement due to death of close family member
- political upheaval or natural disaster in the student's home country, requiring emergency travel
- traumatic experience such as witnessing or being victim of a serious accident or crime
- inability to commence course due to non-issue of visa
- unavailability of flights
- the College's inability to provide the course at the time of the initial commencement date
- the inability of the course to package with a further study option within an acceptable time frame

### Procedure

- Requests must be made in writing.
- Requests should be made in advance of the period of suspension requested.
- Applications for deferment of commencement or suspension of studies will be considered **within 5 working days**.
- The final decision for assessing and granting such requests lies with the General Manager or the delegated representative.
- Students initiating requests for deferment of commencement of study or suspension of study will not have access to the College's Complaints and Appeals process.

## STUDENT DECLARATION

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**STUDENT SIGNATURE** .....(place your initials here)                      **DATE** ...../...../..... (dd/mm/yy)

**Parent/Guardian signature** (if under 18 years of age) .....(place initials here).....

Name of Parent/Guardian .....                      Date ...../...../..... (dd/mm/yy)

### (OFFICE USE ONLY)

Staff name:	Date Request form submitted:
Comments:	
Decision:	
Authorised by:	Date: