

CHANGE OF ENROLMENT FORM

Name		
Student ID		
Course		
Termination Date		
Current Address		
Phone number	E-mail	
Future Enrolment	(Course name)	(Institution name)

I would like to:		
Cancel my studies	Reason (Please provide evidence)	<input type="checkbox"/> Leave Australia <input type="checkbox"/> Transfer to another provider <input type="checkbox"/> Change of Visa <input type="checkbox"/> Other: _____
Change of Course	From (course name)	
	To (course name)	
	From (date of change)	___ / ___ / ___ (dd/mm/yy)
Change Enrolment Start Date	Original start date	___ / ___ / ___ (dd/mm/yy)
	New start date	___ / ___ / ___ (dd/mm/yy)
Extend my studies	Course name	
	Extension Start date	___ / ___ / ___ (dd/mm/yy)
	Course duration	_____ weeks
Temporarily Pause Studies	Suspension Start date	___ / ___ / ___ (dd/mm/yy)
	Suspension Finish date	___ / ___ / ___ (dd/mm/yy)
	Length of Suspension	

What evidence is being provided to support this application for a change of enrolment:

- Medical Certificates
- Compelling circumstances: Police Report, Psychologist Report, Death Certificate, etc
- Plane ticket
- Letter of Offer from another CRICOS provider to which you wish to transfer
- Other supporting evidence (please describe) _____

REASON FOR CHANGE OF ENROLMENT

Please outline the circumstances/reasons for requesting a change in your enrolment:

DECLARATION AND SIGNATURE

I UNDERSTAND THAT:

1. I have included the details of any and all current or planned future enrolments with other institutions; and
2. If I have not completed 6 months of my 'primary' course, UEC might not be able to allow me change my current enrolment; and
3. If UEC does not approve this change request, I have the right to appeal, in accordance with UEC's "[Complaints and Appeals Policy](#)"; and
4. If the requested change is approved, UEC is required to inform the Australian immigration department and update the Certificate of Enrolment; and I must seek advice from the Department of Home Affairs (DHA) regarding how this might impact my visa status; and
5. I declare that all information and evidence included in this application is true and complete.

Student Signature: _____

Printed Name: _____

Date: _____