Application to Change Course



Section A: Personal Details	
Student Name:	
Student Number:	
Email:	Phone Number:
Course Currently Enrolled:	
Course Start Date:	Course End Date:
Section B: Request Details	
Proposed New Course:	
Course Start Date:	
Reason for Transfer:	
Student Signature:	Date:
Section C: Approval (to be completed by Course Coordin	nator / Designated Officer)
Satisfactory Course Progress: ☐ Yes ☐ No	
Request Approved:	
Course Coordinator/Designated Officer Name:	
Signature:	Date:
Section D: Credit Transfer Details (to be completed by applicable)	y new Course Coordinator/Designated Officer if
Credit Transfer Granted: ☐ Yes ☐ No	
Comment(s):	
Subject(s) (Please indicate the subject name, unit code and u	unit name that was granted credit transfer):
	name tracritae grannea ereant transcerp.
New Course Start Date:	New Course End Date:
Approved by Course Coordinator/Designated Office	
Signature:	Date:

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

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Section E: Office Use Only							
Has student been informed of any difference in fees?		Yes	□ No				
Change of Course Fee Dif	ference:						
Admin fee Paid?	☐ Yes	□ No					
Tuition Fees Paid?	☐ Yes	□ No					
New eCoE generated?	☐ Yes	□ No					
Entered into database?	☐ Yes	□ No					
Student informed?	☐ Yes	□ No					
Student Services Officer:							
Signature:			Date:				