



Change of Course Form

PERSONAL DETAILS

Student ID: _____ Family Name: _____

Given Names: _____

Address: _____

Mobile: _____ Telephone: _____

Email: _____

Are you a minor? Yes No Permission granted by guardian? Yes No

Current offer details:

Name of Current Course _____

<u>Pre Foundation/Foundation</u>	<u>Diploma/Adv Diploma</u>	<u>ECU</u>
Start Date : _____	_____	_____
Last Study Date: _____	_____	_____

New course offer details:

Name of New Course _____

<u>Pre Foundation/Foundation</u>	<u>Diploma/Adv Diploma</u>	<u>ECU</u>
Start Date: _____	_____	_____

You are required to indicate your reasons/s for requesting a change of course:

PLEASE READ AND SIGN

- A Student submitting a Change of Course request must discuss their change of program with an academic staff member .
- A Change of Course request from a student who has **outstanding fees** will not be processed.

I understand that:

- My tuition fees for each semester must be paid before the beginning of each semester. Contact ACBT finance for an installment plan.
- It is my responsibility to ensure that I am correctly enrolled in units according to my new program structure.
- By signing this form, I am agreeing to abide by ACBT's Refund Policy and other policies and procedures documented on ACBT's web pages.

I have read and understand the information provided above with regards to my application

I have read and understand the ACBT policy that applies to my application

Student Signature: _____ Date: ____ / ____ / ____

Comments: _____



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OFFICE USE ONLY

RECOMMENDATION

Course Change Discussed with Student	<input type="checkbox"/>	Agree to issue a new CoE	<input type="checkbox"/>
Marketing Manager :	Signed: _____	Date: ____ / ____ / ____	

APPROVAL

Student ID sighted	<input type="checkbox"/>	New course planner provided to student	<input type="checkbox"/>			
Check if student owes fees	<input type="checkbox"/>	Contact Finance	<input type="checkbox"/>	ACBT revised offer provided	<input type="checkbox"/>	
Pre-requisites for future program checked	<input type="checkbox"/>	Approval Recommended	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Student Services Manager:	Signed: _____	Date: ____ / ____ / ____				
Notes:	_____					
Deputy Principal	Signed: _____	Date: ____ / ____ / ____				

STUDENT RECORDS:

Update MAZE (change of program)	<input type="checkbox"/>	Add notes to MAZE	<input type="checkbox"/>		
Delete units?	<input type="checkbox"/>	Unit Withdrawn (W)?	<input type="checkbox"/>	Unit Fail (N)?	<input type="checkbox"/>
Fees paid	<input type="checkbox"/>	New CoE received	<input type="checkbox"/>	Cancel Current CoE	<input type="checkbox"/>
Students Records Manager	Signed: _____	Date: ____ / ____ / ____			
Notes:	_____				

FINANCE	NOT APPLICABLE?	<input type="checkbox"/>
MAZE Updated?	<input type="checkbox"/>	
Accountant	Signed: _____	Date: ____ / ____ / ____