

Enrolment Adjustment Form

Section 1 – Student Details			
Name:			
Contact Details:	Home:		Mobile:
Email Address:			
Qualification:			
Delivery Commencement Date	/ /		
Mode of delivery	<input type="checkbox"/> Classroom <input type="checkbox"/> Traineeship <input type="checkbox"/> External		
Section 2 – Change Details			
<input type="checkbox"/> I wish to withdraw. I understand that I need to withdraw prior to the census date for each unit of competency to be entitled to a refund unless I meet the **special circumstances conditions.			
Withdrawal Date:	/ /		
Unit of competency withdrawal	<input type="checkbox"/>		
Qualification withdrawal	<input type="checkbox"/>		
Withdrawal Reason:			
Special Circumstances Withdrawal Reason:	<p>Special circumstances:</p> <input type="checkbox"/> Serious illness resulting in extended absences from classes; <input type="checkbox"/> Injury or disability; or <input type="checkbox"/> Other exceptional circumstances. Medical certificate/evidence is required and application is subject to approval from CEO or delegate. Please note: Your condition must also not be pre-existing.		
Signature		Date:	/ /
<input type="checkbox"/> I wish to transfer to another course date. I understand my transfer will be subject to course availability and must occur prior to the census date for each unit of competency to be entitled to a refund (if there is a difference of price)			
Transfer to Date:	/ / or / /		
Transfer Reason:			
Signature		Date:	/ /

<input type="checkbox"/> I wish to transfer to another delivery mode. I understand there may be further fees involved.			
Transfer Date:	/ /		
Transfer Reason:		New Delivery Mode:	<input type="checkbox"/> Classroom <input type="checkbox"/> External
Signature		Date:	/ /
Section 3 – Authorisation			
Requested change has been approved? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Signature:		Position:	
Print Name:		Date Approved:	/ /
Special Circumstances Authorisation (CEO or Delegate)			
Requested change has been approved? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Print Name:		Position:	
Signature:		Date Authorised:	/ /
Admin Use Only			
Changed in Vettrak	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /
Refund Processed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /
New Payment Plan Agreement Created	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /
Apprenticentre documentation attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Apprenticentre approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Changed in STARS (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Formal Letter/Email Sent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /
Advise Administration Coordinator			Date: / /
Completed by:		Signature:	