



ENROLMENT VARIATION FORM

(This form should be used when requesting a variation to current enrolment status)

Please note: This request may not be approved where fees are overdue

APPLICANT INFORMATION

Title: _____ Student Number: _____

First Name: _____ Last Name: _____

Student Status: Enrolled but not commenced Current Suspended

CURRENT COURSE DETAILS

Course Code and Title: _____

Course start date: _____ Course end date: _____

ENROLMENT VARIATION REQUESTED

DEFER Deferment start date: _____ Deferment end date: _____

SUSPEND current enrolment Start suspension date: _____ Return date: _____

TRANSFER to another course

New course name: _____

New course start date: _____ New course end date: _____

Name of campus: _____

LEAVE Leave start date: _____ Leave end date: _____

CANCEL/DECLINE enrolment: _____ Cancel decline from date: _____

SUPPORTING DOCUMENTATION

If applicable please attach supporting documentation. eg medical certificate

REASON FOR DEFERRAL/SUSPENSION/TRANSFER/CANCELLATION/DECLINE

Please tick the most appropriate box that gives the reason for your action

Reason	Supporting/Required Evidence
Course was not what I expected	
No longer interested in study	
Too difficult to study	
Not satisfied with training	
Death in family	Death certificate (in English)
Family member has serious or severe illness	Medical certificate (overseas medical certificate must be translated into English)
Involved in legal or court action	Police or Court Record
Victim of a serious crime	Police Report
Had an accident	Medical certificate (in English)
Pregnant	Medical certificate (in English)
Returning to home country	One way airline ticket
Visa refused	Refusal letter
Change in visa sub-class	Visa approval letter
Other please specify	

Student Signature

____/____/____
Date

OFFICE USE ONLY

QUEENSFORD COLLEGE STAFF MEMBER TO COMPLETE

Variation discussed with student: YES NO

Comments:

Signature:

Date:

FINANCE TO COMPLETE

Total Fees Paid: YES NO

if No

Total Fees Owning:

Finance Officer Signature

Date:

OPERATIONS HEAD TO COMPLETE

Approved

Not Approved

Comment:

Refund Approved: YES NO

New Course end date (if applicable):

Completed units entered into relevant data base: YES NO

Operations Head Name:

Signature:

Date:

ADMINISTRATION TO COMPLETE

Notification sent to student

CoE amended (International students only)

Class roll amended

Saved into student folder

Filed

Administration Staff Name:

Signature:

Date: