Sydney City College of Management Pty Ltd (SCCM) ABN: 89 606 547 611, CRICOS Provider: 03620C, RTO: 45203 Address: Level 2, 17 Macquarie Street, Parramatta, NSW 2150

Telephone: +61 2 8872 0435 Email: admissions@sccm.edu.au Website: www.sccm.edu.au



## **Course Change Request Form**

This form is to be completed by students who wish to change their course(s). Please email your completed form to Admissions at <a href="mailto:admissions@sccm.edu.au">admissions@sccm.edu.au</a>. Please be advised that by changing your course(s) you may incur additional fees. If request is approved, allow 3 working days for new CoE(s) to be issued and please check the website for applicable fees.

STUDENT DETAILS								
Student Name								
Student ID								
CHANGE OF COURSE(S) DETAILS								
	Current Course(s)	Start Date	End Date					
Course Title 1								
Course Title 2								
Course Title 3								
	New Course(s)	Start Date	End Date					
Course Title 1								
Course Title 2								
Course Title 3								
Reason for Changing Course(s)								
STUDENT DECLARATION								
☐ I declare that the information provided by me is correct and complete.								
<ul><li>□ I am aware that DHA will be notified of any changes to my enrolment.</li><li>□ I understand and agree to be bound by the terms and conditions of enrolment.</li></ul>								
Student Signature	Date							

© Sydney City College of Management Pty Ltd	RTO: 45203	CRICOS: 03620C	Date	Revision date	Version	Page 1 of 2
File Name: ADM15 Course Change Request Form			Apr 2023	Apr 2024	2.0	

Sydney City College of Management Pty Ltd (SCCM)
ABN: 89 606 547 611, CRICOS Provider: 03620C, RTO: 45203
Address: Level 2, 17 Macquarie Street, Parramatta, NSW 2150
Telephone: +61 2 8872 0435
Email: admissions@sccm.edu.au
Website: www.sccm.edu.au



OFFICE USE ONLY				
Transferrable Fees \$				
Payment Required \$				
Required Fees Paid		☐ Yes		No
Decision Outcome	☐ Approved	☐ Declined	Decision by	
LOO Issued		☐ Yes		No
LOO Signed		☐ Yes		No
CoE Issued/Amended		☐ Yes		No
Changes Updated on SMS		☐ Yes		No
Student Notified		☐ Yes		No
Processed by			Position	
Staff Signature			Date	