



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 admissions@sccm.edu.au. 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			
<input type="checkbox"/> I declare that the information provided by me is correct and complete. <input type="checkbox"/> I am aware that DHA will be notified of any changes to my enrolment. <input type="checkbox"/> I understand and agree to be bound by the terms and conditions of enrolment.			
Student Signature			Date



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