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 Website: <u>www.sccm.edu.au</u>



Course and Location Change Request Form

Please complete this form in full and email it to Admissions at <u>admissions@sccm.edu.au</u>. Incomplete or incorrect forms may cause delays or result in rejection. Changing courses or study locations may also incur additional fees, and students are advised to check the website for current fee information. If the request is approved, please allow up to three working days for new Confirmation of Enrolment (CoE) documents to be issued.

Student Details						
Student Name						
Student ID						
Email						
Current Course						
Course Code	Course Title			Start Date	End Date	
		ale.				
		عزوله				
Requested New Course						
Course Code	Course Title			Start Date	End Date	
	The state of the s					
		منينه				
Change of Location						
I wish to change my study location:						
From	☐ Parramatta	☐ Sydney	□ Darwin	☐ Adelaide		
То	☐ Parramatta	☐ Sydney	☐ Darwin	☐ Adelaide		
Reason for Request						

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Student Declaration

\square I declare that all information and	supporting documentation provided is true	e and correct.			
\square I am aware that DHA will be noti	fied of any changes to my enrolment or stud	dy location.			
\square I understand and agree to be bound by the terms and conditions of enrolment.					
Student Signature					
Date					
For 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			
Process By	On a superior of the superior				
Student Notified	☐ Yes	□ No			
Staff Signature					
Position					
Data					