

Course Change Application Form

Version 1.4



SHAFSTON
www.shafston.edu

Student's Personal Details

Family Name:		Request Date:	
Given Name:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Student ID No.:		Date of Birth:	
Email Address:		Mobile No.:	
Address:			

Agent Details (if have)

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Current Study Plan

Course ONE:			
Start Date:	End Date:	Duration (wks):	
Course TWO:			
Start Date:	End Date:	Duration (wks):	
Course THREE:			
Start Date:	End Date:	Duration (wks):	

New Study Plan

Course ONE:			
Start Date:	End Date:	Duration (wks):	
Course TWO:			
Start Date:	End Date:	Duration (wks):	
Course THREE:			
Start Date:	End Date:	Duration (wks):	

Overseas Health Covers (OSHC)

Would you like Shafston to arrange your OSHC cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many months of OSHC cover would you like?	Months

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PLEASE NOTE the following points:

- Shafston will make the changes to your enrolment as requested. Any fees held in credit will be transferred to your new courses. The balance of fees (if any) will be payable by you, the student.
- Please note that any fees remaining in credit on your finished course(s) is non-refundable, however, Shafston may hold these fees in Credit for up to 12 months and may be transferred to additional study options at Shafston.
- Shafston strongly advises all student visa holders to seek advice from Department of Home Affairs regarding the impact this change may have on their student visa and overseas health cover status. Strict conditions apply under student visa conditions.
- Any fees that are due must be paid before the course start date.
- Student visa holders will not be issued a COE until all outstanding fees are paid in full.

Student Declaration

I have read and understood Shafston's Deferral, Suspension and Cancellation of Studies Policy as well as the Written Agreement – Terms and Conditions of Enrolment available on Shafston's website (www.shafston.edu)

I understand that it may take up to ten working days to process my request. (Students will be notification in writing, by email, of the outcome of their request).

I understand that my request to change my enrolment may incur administration fees and charges as per the Terms and Conditions of Enrolment.

I understand that if I have not supplied the appropriate documentary evidence, or if the information supplied is false and misleading, it may affect the outcome of my application.

Student Signature: _____

Signed Date: _____

Please note: digital signatures will only be accepted if this form is emailed to Shafston directly from the student's email address. The email address (this form is received from) must match the student email address registered on Shafston's database. If the email address does not match, the student will be required to print this form and physically sign it before submitting it to Shafston.

Click To Email

In Person

E-mail

BRISBANE
Student Services Department
188 Shafston Avenue
Kangaroo Point 4169

Enquiries: students@shafston.edu

Office Use Only

Requested received by:

Staff Signature:

Received Date:

Comment:

Requested approved by:

Staff Signature:

Approved Date: