



VARIATION TO ENROLMENT FORM (VET)

Date: ____/____/____

Student ID: _____

Family Name: _____

First Name: _____

Name of current course/class: _____ (Morning / Evening /Weekend)

Teacher _____

Name of new course/class: _____ (Morning / Evening /Weekend)

Start date of new course/class: _____

Reason for Request:

- _____
- _____

Information we will consider when evaluating transfer request:

1. Entrance requirements for new course.
2. Academic performance to date.
3. Length of time in current course.
4. Rationale for requesting transfer.
5. Places available in the course into which you wish to transfer.

I understand that additional fees will be incurred and undertaken to pay these in the usual manner. I also understand that additional textbooks may be required and undertake to obtain these.

Signature _____

Date: ____/____/____

	For the Attention Of	Action	Comments	Action	Signature
1	AM	Approved/Not Approved			
	AM	New Class: Morning/Evening/Weekend Teacher:			
2	SSO	Course Fee Change: Yes/No	Yes/No		
3	SSO	Database updated			
4	AM	Relevant teachers informed Request forms filled			
5	Accounts	Fees: Paid/Unpaid/No Change			
6	Admissions	Accounts informed: Yes/No New CoE issued; forward to SSO	Yes/No Yes/No		