

VARIATION TO ENROLMENT FORM

All questions must be answered and details filled in, if not applicable please mark N/A.

Email to admissions@casstraining.com.au or info@casstraining.com.au

STUDENT DETAILS			
Full Name		Student ID No:	
Address			
E-mail Address		Mobile:	

VARIATION DETAILS			
Name of Current Course/Class			
Current Session	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Weekend	Last Day of Study	
Name of New Course/Class			
New Session	<input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Weekend	Preferred Start Date	
Reason for Change			

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: ____ / ____ / ____

OFFICE USE ONLY		
<input type="checkbox"/> Approved	Date of Approval:	Approved by:
<input type="checkbox"/> Not Approved	Date of Refusal:	Refused by:
If not approved (reason/s):		