

# Change of Course Request Form



## **Important Notes:**

1. Prior to submitting this form please consult with Department of Home Affairs if:
  - a. You intend on changing your course to a lower level course e.g. Bachelor to a Diploma course.
  - b. Your intended new course has a different duration.
2. Changes to your course may result in you needing to extend your Overseas Health Cover. It is a visa requirement that students must obtain OSHC for the proposed duration of their student visa.
3. Students need to discuss the request with the Program Director of the new course prior to submission of this form.
4. Change of Course Request form must be lodged before the Census Confirmation Day.
5. All course changes require approval of the Program Director/s.
6. Leaders Institute will consider an application for course change when the following criteria are met:
  - a. You do not have any outstanding fees.
  - b. You meet the entry requirements for the proposed course

Student Details	
Use details as they appear on your Passport	
Student Number	
Email	
Phone	
Given Names	
Last Names	
Date of Birth	

Your Current Course		
Course Name	Start Date	End Date
Reason for requesting to change course:		

# Change of Course Request Form



Proposed New Course		
Course Name	Start Date	End Date

**Declaration to be completed by student:**

1. I have read the relevant course information provided including course structure and requirements.
2. I understand I have a responsibility to seek course advice prior to submitting this application.
3. I agree to pay all fees and charges arising from this enrolment.
4. I acknowledge that while I am enrolled, I am subject to the Policies and Procedures of Leaders Institute.
5. I declare that the information supplied by me is complete and correct.
6. I understand by completing and submitting this form, that if my application is successful, I will be automatically enrolled into the requested course.
7. I understand that by signing this form, I accept the conditions of the new course as outlined in the handbook.
8. An offer with details of your new course and a new CoE will be sent to your email after this application is approved by the Program Director/s.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Take this completed form to the Administration Officer on campus or email it to [admin@leaders.edu.au](mailto:admin@leaders.edu.au).

Office Use Only
Application was received by the Administration Staff.
Staff Name: _____ Signature: _____ Date: _____

Program Director/s Use Only		
Current Course Program Director Approval:	Yes	No
Comments:		
Signature: _____ Date: _____		
Proposed New Course Program Director Approval:		
Yes	No	
Comments:		
Signature: _____ Date: _____		