Application for Change of Course

Note:
- **No request for change of course/campus will be processed until this form is fully completed.**

Please tick (☐) the relevant information

Section 1: Personal Details

Name:	**Student ID:**
Street Address:	
Suburb:	**Post Code:**
Mobile:	
Email Address:	
Course in which currently Enrolled:	

Section 2: Request Details

☐ **Change of Course**

Reason for Request:

Course Code	Course Name	Intake Date

Section 3: Student Declaration

I,_____(Applicant) hereby declare that the information contained in this application is true. The choice to change the course/intake is mine, I understand that Innovative College will issue me a new CoE(s) and there may be associated fees which I agree to pay.

Signature:_____Date: _____

Section 4: Office Use Only

Assessing Staff Name:	**Associated Fees (if any):**
Staff Signature:	**Date:**
Application Outcome: Approved ☐ Decline ☐	**Student advised by: Email ☐ Phone ☐**
Update PRISMS: Yes ☐ No ☐	**Update LMS: Yes ☐ No ☐**