

COURSE CHANGE FORM

Student Information:	
Student ID:	USI Number
Title (Mr., Mrs., Ms., etc):	
Last Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Given Name:	Telephone Number:
Date of Birth (DD/MM/YY) ____/____/____	Mobile Number:
Email Address	
Residential Address in Australia	
Current/Enrolled Course of Study:	
Course Code:	Course Name:
New Course Request:	
Course Code:	Course Name:
Reason for Request:	
How would you like to receive the new course documents?	
<input type="checkbox"/> Collect in person at ICQ <input type="checkbox"/> Receive via Post <input type="checkbox"/> Receive scanned copy via email	

Student Signature: Date: (DD/MM/YY) ____/____/____

Please send completed form to admin@studyingld.com.au, or submit it to the College reception.

OFFICE USE ONLY:

Application Received:		Application Processed:	
Status of application:	Approved	Denied	
Request processed by:			
Signature:			