

Course Variation Form

This form is to be completed by international students who wish to change from their current course to another course offered by Southern Academy of Health Sciences. Course variation will be granted in accordance with our Deferral, Suspension and Cancellation Policy. Further information can be found in your student handbook.

Your visa may be affected by your application to course variation so you should contact Department of Home Affairs on 131 881 to discuss any implications.

Student Details

Student Name:	Student ID:
Home Address:	
Suburb:	Postcode:
Telephone:	
Mobile:	Email:

Current Course Details

Course Name:	
Start Date	End Date

Reason for the request

New First Course Details

Course Name:	
Start Date :	End Date:

New Second Course Details

Course Name:	
Start Date :	End Date:

Notes:

- 'Course' refers to the total period as set out in your eCoE and/or Letter of Offer.
- Requests to change a course or extend course duration will be granted only in cases of compassionate and

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compelling circumstances.

- There is no refund of fees or part thereof once you have commenced your course.
- Any change to your course duration or enrolment status will be reported to the Department of Home Affairs and may affect your student visa. Please contact Department of Home Affairs if you require more information.

<input type="checkbox"/>	I have read and understood the conditions relating to my request
Student's Signature:	Date: / /

Office Use Only

Course Variation		<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved			
Checklist	<input type="checkbox"/>	Notified Student	<input type="checkbox"/>	SMS updated	<input type="checkbox"/>	PRISMS updated
Comments:						
Approved/Rejected By:						
Staff Name:			Position:			
Signature:			Date			