

Student ID

Student Name

Contact Number

Victorian Institute of Education Pty ltd Trading as Southern Academy of Health Sciences RTO Number: 45273 | CRICOS Provider Code: 03778C | Phone Number: (02) 8318 1465 Suite 2, Ground Floor, 97 Pirie Street, Adelaide, SA 5000 | Level 3, 741 George St, Haymarket, NSW 2000

Change of Campus Request Form

Student to complete the following section:

Current	Course							
Current Location	Campus n							
Request	ted New Camp	ous						
much det	(s) for Change is (Please provide of ails as possible) ach any supporting ts with this form able	75						
that the		mplication or		•		-	oproved and unders contact the Departr	
Student Signature					Date:			
		econtion / Adm	iccions				Date:	
Must be s	ubmitted to: Re	eception / Adm	issions				Date:	
Must be s			issions		Approved		Not Approved	
Must be s	Use Only mpus Request For		issions	SMS updated	Approved	PRISI		
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